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COUNSELLING THE ELEMENTARY SCHOOL CHILD: AN EXPERIMENTAL STUDY

by



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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

SEPTEMBER, 1968

THESIS
1968 (F)
122.

UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Counselling The Elementary School Child: An Experimental Study" submitted by Gary Joseph Krivy in partial fulfilment of the requirements for the degree of Master of Education.

ABSTRACT

This study is based upon the theoretical position that non-directive play therapy is an effective technique for counselling elementary school age children. An attempt was made to evaluate experimentally the outcomes of non-directive play therapy. Outcomes of play therapy were considered in terms of the effectiveness of therapy and session to session changes during the process of therapy.

The underachieving students were assigned to three groups. Group A received non-directive play therapy treatment, Group B received play under supervision, and Group C received no treatment.

From this theoretical position was developed the hypothesis that subsequent to the experimental period the group counselled according to non-directive play therapy orientation (Group A) would show more significant adjustment changes than any of the other two groups. It was also hypothesized that during the process of therapy movement in the form of behavioral changes either positive or negative was taking place at a more significant level for the Experimental Group (Group A) than any of the other two groups. It was hypothesized that the direction of change during the therapy process would be more positive in direction for the group receiving a non-directive approach to play therapy (Group A) than any of the other two groups.

A sentence completion test was employed to exhibit final outcomes with regards to gains in adjustment level. In addition, an observer checklist as formulated by the writer was completed four times during the experimental period by therapists, teachers and an outside observer. The primary function of the checklist was to measure changes occurring during the process of therapy.

Results indicated that the group counselled with the non-directive play therapy orientation showed more significant adjustment changes following therapy than any of the other two groups. By use of the checklist it was found that movement was taking place during the process of therapy. However, there was no significant difference in the amount of movement taking place nor the direction of movement among the three groups. The two subsidiary hypotheses were also supported by the findings.

Several implications arising from the findings were presented which may be of particular interest and importance to those wishing to replicate this study or generalize from the results obtained.

ACKNOWLEDGMENTS

The writer expresses particular gratitude to Dr. J. K. Bishop, whose encouragement, supervision and sound advice contributed in such a major way to the completion of the thesis. The useful and constructive criticisms of Dr. H. W. Zingle, Dr. E. G. Stickel, and Dr. Beverly R. Cutler are also gratefully acknowledged.

Appreciation is expressed to Dr. T. Maguire and Mr. K. Bay for their assistance in the processing and handling of the data. I am also indebted to Mr. C. Blumer, Mr. H. von Stackelberg and Miss J. Hendrickson, whose generous cooperation as counsellors made this study possible. Mr. M. Westwood and Mr. G. Torbit are also thanked for their participation as raters in the study.

A final note of thanks to the teachers and the outside observer, Mr. A. Sware, who assisted in the study.

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CHAPTER I

THE THESIS PROBLEM

A primary function of the counsellor is to counsel students. In the past and to a large degree the present, techniques for counselling have emphasized working with secondary school age children. These techniques were found to be undesirable for young children because of their reliance on a verbal interaction between counsellor and client (Dinkmeyer, 1966). Play therapy, a method widely used in the field of medicine (Bernstein, 1951), has been adopted by many elementary counsellors. A rationale for the use of the technique became necessary. The effectiveness of this technique in terms of its outcomes as well as the process of play therapy also warrant further study.

A new field in guidance emerged when society became convinced that early guidance is essential for the prevention of waste that is evident in many of our adolescents (Eckerson, 1967). Many writers proposed that help must be given at earlier ages. Hence, elementary school counsellors came into being. Research has largely dealt with defining the role of this counsellor. Research in the area of strategies for helping children has not been consistent. Lebo (1953) states that:

Research in nondirective therapy with adults is sound and extensive. Research in nondirective play therapy with children is still meager, unsound, and frequently of a cheerful, persuasive nature. It has seemed to the present writer that such articles could be more correctly classified as propaganda than as research (p. 177).

Research at present has been confined to the development of techniques and validation of their effectiveness. Very few studies have been carried out regarding the process of play therapy or establishing a rationale for

the use of this technique. This is supported by Dorfman (1951) and Ginott (1961).

The primary concern of this thesis is to evaluate experimentally the outcomes of nondirective play therapy as a technique for counselling under-achieving elementary school children. Outcomes of play therapy may be considered in two ways: (1) as pre and post treatment changes in children and (2) as session to session changes during treatment. Research in the field indicates that studies have dealt largely with outcomes of play therapy in terms of level of socialization and adjustment (Cox, 1953; Landisberg & Snyder, 1947; Dorfman, 1955). These overall changes are not without importance, in that every approach to therapy must be empirically shown to produce these changes. However, many children show little post therapy change in terms of measurable personality factors. Nevertheless, one would not challenge that some changes of a negative or positive nature take place during the process of therapy from session to session. It is important for the counsellor to know of the changes occurring to the child during therapy. These changes within the counselling environment may also be considered as outcomes with regards to therapy. A review of the research indicates a number of studies performed with regards to the process of therapy for adults (Seeman, 1949; Rogers, 1958). The writer's review of the research would indicate only one major study with children (Moustakas, 1955a). So as to avoid a focus on final outcomes alone, the writer also considers in this thesis session to session outcomes.

CHAPTER II

THEORETICAL ORIENTATION

A strategy for counselling in the Elementary school must be based upon a theoretical orientation which is logical. One must base this method of counselling upon certain beliefs and assumptions concerning the nature of the child and the goals which one wishes to achieve. In order to attain these goals changes within the child will take place during the process of therapy. Play therapy may only be accepted as a legitimate method for counselling children when one has defined a rationale for its existence and defined what changes take place during therapy.

1 - Definition of Terms

1. Rationale: A rationale is a logical explanation for the occurrence or usage of a specific technique. This explanation is usually based on a stated theoretical foundation.
2. Process: The manner in which change is effected is called the process. It is a change or a changing in an organism in which a consistent quality or direction can be discerned. Process is active and not static.
3. Technique or Strategy: The procedure for carrying out a theory is known as the technique. It includes the selection and use of appropriate methods.
4. Psycho-analytic Orientation: A system of psychology developed by Sigmund Freud and his followers. It is characterized by a dynamic view of all mental life, both conscious and unconscious with particular emphasis on the latter. A belief in the id, ego, and super-ego as the

controlling mechanisms in all activities.

5. Social Theory Orientation: A branch of psychology that studies the personality as it develops in relation to the social environment. It is the study of the behavior of individuals and of groups in a social environment especially as that behavior is affected by the presence or influence of other individuals.
6. Cognitive Theory Orientation: A branch of psychology which places emphasis on the intellectual processes in learning. A belief that learning comes as a result of a restructuring of the individual's way of perceiving.
7. Behavior Theory Orientation: A frame of reference in psychology founded by Watson. These theories stress the relationship of stimulus to response. Places stress on observation of overt behavior, and rules out consciousness.
8. Developmental Theory Orientation: A system of psychology that studies how individuals and classes of individuals develop psychologically. It deals with the characteristic behavior found at various ages or stages of development and with the general principles that describe the course of development including the interaction of various maturational and environmental functions.

II - Rationale for Play Therapy

In reviewing the literature in this field it was found that the majority of theorists do not give a detailed rationale for play therapy. It is often stated that play is the child's most natural means of communication and, therefore, should form the basis for dealing with children. However, one should not presume that these theorists have no further rationale upon which to base the technique of play therapy. The nature of the child, the acquisition of verbal skills, the physical, affective

and cognitive development of children all lend support to a rationale for play therapy.

Social Theory Orientation

Social theorists such as Pickard (1965) and Mead (1955) look at play not in a therapeutic sense but play as a natural activity of all children regardless of cultural background. Social theorists tell us that the language of play is like and unlike the language of words. It is like words in that one thing symbolizes another, but unlike words there is little or no agreement between groups about what shall symbolize what. Pickard states that play can have far-reaching consequences. Much of which the child wishes to consider is far too complex for his undeveloped vocabulary and so play can deal with problems far beyond the reach of words. An anthropologist, Lee (1965), points out that learning for the child is never independent but the child and society work together with a certain degree of autonomy and yet the society guiding and molding the child's actions. Learning takes place in all activities including play.

Psycho-analytic Orientation

Erikson (1950) feels that an individual's behavior is determined by his capacity to develop and utilize his ego processes of play, speech and thought. Erikson submits that play provides the best situation for studying the child's ego as play is a method of organizing the inner world in relation to the outer world. It is the child's way of reasoning and permits the child to free himself from ego boundaries of time, space and reality and yet maintain a reality orientation because he and others know it is just play. For Erikson the playing child advances towards new mastery and new developmental changes.

Frank (1955) expresses these same viewpoints in a slightly different

manner. He feels that all children have their own idiomatic perception of the world. Often these idiomatic ways are in conflict with the expectations of society. Play allows the child to adapt his idiomatic perceptions to those of the consensual world.

Cognitive Theory Orientation

Piaget (1951) says that play is an essential part of the evolution of intelligence or personality. Reason and feelings are not independent. We do not play or express feelings without trying to understand them. Piaget calls play 'ludic' as it is an activity that amuses the child while at the same time the child assimilates knowledge about his outer world. Play becomes a primary tool for adaptation to the environment. While playing the child is actually pretending that he is performing real-life tasks. As Piaget states: "the child plays his way through life".

Behavior Theory Orientation

Sears (1947) states that play is learning by trial and error one's perceptual orientation (how things taste, feel or perform). Play is a means of rational orientation. It helps the child to discover what things do, what they stand for and what space and time they occupy.

Developmental Theory Orientation

Dinkmeyer (1966) feels that the child is not cognitively or conceptually ready to verbalize his feelings. He, therefore, recommends that the counsellor use play as it is a form of communication which is meaningful for the child.

White (1959) when discussing motivation, tells us that no behavior regardless of its outward appearance is without meaning. Rather, the child's behavior is selective, directed, persistent and in short motivated. It is motivated to develop an effective familiarity with the

environment. White maintains that a child's play often represents an activity that is interesting and fun to do, when in actual fact it is a serious business. It is the child's way of establishing a familiarity with his environment and learning how to live in this environment.

Orientation of the Study - An Adaptation Centred Model

There are common elements which encompass all orientations with regards to the nature of the child. All children are attempting to learn how to live within their environment. Erikson (1950) feels that adaptation is the triumph of life. Adaptation is the cognitive striving of the organism to find an equilibrium between himself and the environment (Piaget, 1951). White (1959) in discussing competence says that it is an organism's capacity to interact effectively with its environment. Whereas, Sears (1947) maintains that socially learned desires motivate all human behavior, thereby facilitating adaptation on the part of the learner.

The process of learning to adapt to one's environment is a life-long process. A new born baby begins to interact with the world initially through his basic organic needs and functional capacities. Through adult expectations one of these basic needs is transformed into appetite for specific kinds of food, at more or less scheduled feedings. The baby has learned to adapt to his environment. A young child manipulates objects and learns how to become acquainted with his environment. He twists and turns a vase like object in his hands and finds that water comes out. The older child who has already learned many of these early sensori-motor skills begins to discover that he must learn to adapt his idiomatic behavior to those expectations of significant others in his environment. He cannot always have what he wishes, he often has to

assimilate as well as accommodate to what others require (Piaget, 1951). As the child grows older he will test out new behavior. A less threatening as well as enjoyable means of doing this is in play. He play acts the role of the aggressor, the timid boy, and most often the sex role (Shafstel & Shafstel). Often he will not role play but only interact with others. He assimilates new behavior as well as accommodates so as to make his interactions more meaningful and enjoyable. When the child plays alone and uses a play object repetitiously he is not only using up time but in his play he is expressing those feelings which he cannot express verbally. In all of these examples the child is learning to adapt to his environment.

Many children, however, have difficulty with the adaptative process and require special help. To be maximally effective the help must utilize techniques which are at the child's level of development: physically, cognitively and emotionally. Play brings up questions and objectives for the child. It leads to communication with the outside world and to a gradual process of socialization. Hence, it is reasonable that play could form the basis of a technique for helping children.

An important assumption concerning the basic nature of the child is made when one considers the capacity of the child to change his behavior as he interacts with objects and events in his world. Erikson respects each individual's unique capacity to forge his own way of life. Piaget (1951) indicates that the intellect organizes its own structure. Organisms are "self-governing entities which are to some extent autonomous (White, 1959, p. 324)". Frank sees the child as "a unique organism and potential personality who must find HIS way to maturity, at his own rate of progress, with his individualized capacities and limitations (Frank,

1955, p. 589)". The capacity for self-determination is considered in a rationale for play therapy.

One might dispute the above statements by presenting many other theories which are fundamentally based upon the same principles. Play, however, encompasses many of these viewpoints as well as facilitates certain goals which are unique to this technique:

1. Jackson (1950) has said that "a psychologically disturbed child is often one who has lacked opportunity of satisfying play needs at the time when they were most urgent (p. 119)". Play therapy can help serve this need.
2. Play therapy may promote a revelation of fantasy life. This revelation is important for the psychoanalytically-oriented theorists, but has been given less emphasis in other theories. The experience of fantasizing in an accepting atmosphere would be considered to be a factor in building an effective therapeutic relationship.
3. Play therapy brings about changes in self-perception. It allows the child to release fears, conflicts and anger in an accepting and often tension-free and guilt-free atmosphere (Moustakas, 1959). In an ordinary secondary school counselling situation, often the client and counsellor are face-to-face in a verbal interacting setting. This is often anxiety producing for the adolescent and adult client. This anxiety is often much greater with a child. When expressing feelings the client often requires "distance". The therapist who reflects or interprets (depending on theoretical orientation) these symbolic feelings helps the child to clarify and encapsulate his feelings. This the child needs and play therapy seems to effectively promote this therapeutic goal.

Each of these goals serves as a rationale for play therapy. However, it is not enough to know that play is an effective therapeutic agent. It is also necessary to know what occurs to the child during play therapy.

III - The Process of Play Therapy

A. The Conceptual Model

It is often assumed that given certain conditions effective change will take place. By using a technique of play therapy one hopes to facilitate the child's adaptation to his environment. Many studies have shown that play therapy brings about positive change (Cox, 1953, Dorfman, 1953, Landisberg & Snyder, 1946). However, few studies state what changes took place in the child during therapy which facilitated adaptation to the environment. Theorists such as Ginott (1961) and Dorfman (1951) feel that the question; What is the process of play therapy? has been left unanswered. It is a primary position of this thesis that during play therapy a child goes through a sequence of emotional growth that corresponds to Erikson's first five stages of man. This theory is only tentative as well as being one person's interpretation of what occurs during the process of play therapy. As such it is open to dispute.

Piaget (1951) and Erikson (1950) both speak of play as being a process by which the child adapts his basic feelings and drives into accepted or socially approved feelings and behavior. Erikson has postulated that this process is life long, continuous and visible in eight hypothetical stages. These eight levels are not distinct and entirely separate from each other. Rather, they develop in a so-called "spiralling" manner. The child learns to adopt behavior that is

characteristic of a stage of development. At the same time it is possible for the child to exhibit behavior of a later period. Only when a stage of development has been completed will a child be able to completely adopt behavior which is characteristic of a higher level. Erikson would also agree that often the child will tend to regress into behavior which is characteristic of an earlier stage already completed. Depending on the child's mood and events of that particular day, one might find a child of twelve exhibiting so-called "babyish" behavior. In general, Erikson's eight stages are continuous and not distinct, with intermittent movement often taking place between each stage on both a higher and lower level.

It is evident that those characteristics which are exhibited during each stage (Table I, pp. 12-13) are visible in the personality make-up of the child as well as his overt behavior. It is a position of the writer that the goals of play therapy, as stated in the adaptation-centred model, are achieved during therapy in a process which is reminiscent of Erikson's first five stages of adjustment. These goals have been summarized by Dinkmeyer (1966) as follows:

The child has specific needs which relate to the guidance process. He needs to mature in self-acceptance, in his understanding of self, and in his comprehension of his assets and liabilities. The child needs to develop a more realistic self-evaluation and the counselor can help in this process. The counselor can also assist the child to develop, to mature in social relationships, to belong and to identify. The child needs to develop independence, to take on responsibility, to make choices, and to be responsible for these choices. He needs to mature in his ability to plan...The child needs to develop a realistic self-appraisal of his capacities, interests, and attitudes as they relate to the work tasks. (p. 263)

The development of behavior reflected in these goals would appear to be synonymous with traits exhibited during Erikson's first five stages.

TABLE I

ERIKSON'S FIVE STAGES OF DEVELOPMENT: BEHAVIOR AND PERSONALITY TRAITS

Trust vs. Mistrust

- This stage is the foundation for all development as Erikson postulates that no growth may take place unless the child has a sense of trust. The child will extend trust to new experiences if he has a sense of physical comfort and minimum experiences of fear or uncertainty.
- Trust evolves from the child transferring physical needs into socially approved behavior. Erikson also stresses the importance of the attitudes of the mother during this stage. Children tend to sense unconscious insecurities in their parents, which lead to feelings of mistrust. It is not what one can provide materially for the child's comfort, but the attitudes of those who are providing this comfort.

Autonomy vs. Shame, Doubt

- The child who trusts his environment will start to discover that his behavior is his own and begin to assert his autonomy. However, he needs support at this time in his autonomous acts, lest he finds that he cannot accomplish what he wishes. This would lead to shame and doubt of his own existence.
- The child must learn to want only what he is capable of having. During this stage the child learns to take over many of those decisions which he was earlier dependent upon other people to make.
- Play is particularly important during this stage for it provides the child with a safe place where he can develop his autonomy within his own set of boundaries or laws. However, the child must be controlled to some degree so he doesn't act indiscriminately. If he knows and fully understands the range of his limits and what he is supposed to do, his growth will be healthy.
- From a sense of self-control without loss of self-esteem comes a sense of autonomy. Therefore, the child must be treated with dignity and independence. The child is attempting to find boundaries of his self.

Initiative vs. Guilt

- As the child searches for the person he wants to become, he tests his powers, skills and potential capacities. However, he is often frustrated for he finds that his autonomous behavior is in conflict with others' autonomous behavior.
- There is a readiness to come to conscious grips with his inner urges. We see the start of the conscience.
- This phase involves intrusion, a thrusting forward into space, time, new areas of knowledge, and into people's life.
- Psychological development centres into two major tasks: (1) Stress on his relationship to his parents, peers, and other human beings in his environment. (2) The child begins to notice sexual differences which affects both his own feelings and the course he must follow according to social demands.

TABLE I cont'd

- Play during this phase serves as the most indispensable and natural auto-therapeutic agent. It takes two forms: (1) solitary play where the child needs time to play out his conflicts to their resolution, (2) group play where the child needs the company of other children in order to play out together their individual and mutual life crises.
- As the child experiments with new roles he is obtaining a greater sense of reality. He wishes to find out about the world and he is increasingly encouraged to conform to the teachings of his society. Guilt and failure are compensated by a sense of accomplishment. The future is emphasized over the past. The future absolves the past.

Industry vs. Inferiority

- The child knows that he is not ready to be a part of the adult world so he directs all his energies towards working on those social patterns he can master, particularly, in terms of his peer group.
- The major theme of this phase is to master whatever one is doing.
- During this stage the child strives for accomplishment; to be the best, the strongest. He senses that if he proves his skills within the areas of his best ability his success in the future will be assured.
- The child is no longer only striving for autonomous behavior but is in competition with others, particularly his peer group.
- Play consists of role-playing. Towards the end of this period, play loses its importance for the child becomes involved in the world of work.
- The child is no longer completely dependent on parents but more dependence on social institutions.

Identity vs. Identity Diffusion

- A sense of identity carries with it a mastery of the problems of childhood and a genuine readiness to face the adult world.
- The child asks; "What can I be?", rather than "Who am I?" because his identity depends upon him becoming his identity.
- There is a synthesis of the past and future by the ego.
- There is a search for understanding of the self.
- Play has already lost its importance. The child no longer has to play at being important. He is more apt to find himself playing at being younger as an outlet for regressive pulls. Role playing and excursions into fantasy are appropriate ways of handling identity diffusion.
- The parents' role is diminished and peers become important. Competition is now reality. All efforts are directed towards the clarification of one's role as a member of society.

The child during therapy as outlined in Table II (pp. 16-18) will also exhibit behavior that is characteristic of each of these five stages of development. Each child who comes into a play therapy setting will exhibit some behavior from stage one. However, some children will quickly pass through the beginning stages and therapy will consist of a working through of a later stage or stages of development. At the same time in accordance with Erikson's theoretical position children exhibiting behavior of later stages will also regress at certain points in their counselling. Axline (1947) gives an example of such behavior. An eight year old girl, receiving a client-centred approach to play therapy, exhibited independent behavior in her play with dolls during the sixth session. However, towards the end of the session the young girl went to a shelf, picked up a rattle and crawled along the floor saying; "Dadadadadada, Mamamamamama". She then lay on the floor, closed her eyes, and drank from a nursing bottle until the session was over (p.195-197). This child exhibited behavior both of the autonomy stage as well as behavior characteristic of a very young child.

B. Checklist

The above interpretation of what occurs during the process of therapy was employed in the construction of a checklist (Appendix B). Each item in the checklist is designed to reflect behaviors which are characteristic of Erikson's first five stages of development as well as changes which would occur during the process of therapy.

A breakdown of each item according to those traits which it measures is given in Table III. It is immediately evident that more than one stage of behavior is measured in each item (Appendix C). This is consistent with Erikson's viewpoint that development is continuous with children exhibiting behavior which is unique to more than one stage of development.

The checklist based upon Erikson's stages of development is one interpretation of what occurs during the process of therapy.

TABLE II

ERIKSON'S FIVE STAGES OF DEVELOPMENT: AS APPLIED TO THE PROCESS OF PLAY THERAPY

Trust vs. Mistrust

- Trust is not a one-way relationship in the play therapy setting. In order for effective change to take place the counsellor must believe in the client's ability to bring about change by himself. The client must also have confidence or trust in the therapist. It is not the toys which are important, rather it is the relationship established between counsellor and child. As Erikson has stated, the child can sense uncertainty in the counsellor. This would result in mistrust and an eventual breakdown in the counselling relationship.

Autonomy vs. Shame, Doubt

- A child who reaches this stage in the process of counselling, has developed trust in the counsellor and himself. He now wishes to learn more about himself. He feels dependent on people outside and yet he wishes to be autonomous. The counsellor must help him to be autonomous.
- The counsellor must have unconditional positive regard for the client. There must be an acceptance of the child in all he does. The child in his wish to be autonomous will try out new behavior through play but he fears he will go beyond his limits and, therefore, will regress into non-therapeutic play. The counsellor must be there to help the child by reflecting properly on his feelings so as to give him support and acceptance.
- The client in his wish to be autonomous will often break limitations set upon the counselling session. The counsellor must set out these limits for the child so he understands them. Yet at the same time the child must not feel he cannot make autonomous decisions. As Erikson states, autonomy is facilitated by giving the child a sense of dignity and independence. These are fundamental to the non-directive approach.
- During this stage the child is only getting ready to work out his conflicts. He is testing the therapist and himself. He is fluctuating between dependence and independence both in his actions and verbal responses.

Initiative vs. Guilt

- The child who reaches this stage in counselling is now ready to attack his problems. He wishes to master new skills as well as learn how to adapt to this new environment.

TABLE II cont'd

- Many children who begin counselling at this stage of development, or have reached this stage, are frustrated because in their wish to be autonomous they have found that they are often in discord with others who also wish to be autonomous. The counsellor can help the child in working through this area.
- The child wishes to find out more about this world and how to get along with those he comes into contact with. He wishes to know more about himself. The client who is at this stage begins to look deeper into his behavior and tries to reason out his behavior. We notice a change from the "I" of previous stages to more "We" during this stage.
- The child begins to question his behavior, in terms of looking at how others react to this behavior. The beginning of role-playing becomes evident. Failure does not affect self-esteem as greatly as before, because one has a sense of accomplishment.
- The client becomes more future-oriented, whereas, before he always thought of past happenings. For example, at the start of therapy everything dealt with parents and occurrences in the past. Now he is beginning to worry more about how he will react not in the far-future but tomorrow.
- Play is very important during this stage for it is used to work out conflicts with regards to societal demands. However, the child in his play will often open up areas which he did not wish to see or does not know how to handle. The counsellor must be supportive and perceptive and not allow mis-interpretation to take place.

Industry vs. Inferiority

- Certain changes, minimal but important have taken place. Children during this stage are no longer parent-oriented in their problems but peer-oriented in all they do. Role-playing is very prominent during this stage.
 - The child wishes to master whatever he is doing. He is more free with feelings because his self-esteem is not threatened. He is attempting to fill in gaps in his personality. The wish to master new skills is evident even in school work. However, many do not know how to accomplish this and here the counsellor can help.
 - The child is now future-oriented, in competition with his peers, and attempting to resolve space and time conflicts. The child also seeks identification with outside adults and often the counsellor becomes this person.
 - The therapeutic nature of play begins to lose its effectiveness at the end of this stage and the child is more verbal.
-

TABLE II cont'd

Identity vs. Identity Diffusion

- The child learns to know himself. There is a synthesis of the past and future. The child attempts to find a balance between his real self-concept and ideal self-concept. Role-playing is very important but not as play but as a way of learning to adapt to the environment.
- Reality is more meaningful for the child and he sees his place in his world.

TABLE III
RELATION OF TEST INSTRUMENTS TO ERIKSON'S FIRST FIVE STAGES OF MAN

Stage of Development	Checklist Item							
	1	2	3	4	5	6	7	8
Trust vs. Mistrust	✓							✓
Autonomy vs. Shame, Doubt	✓		✓	✓			✓	
Initiative vs. Guilt	✓	✓	✓	✓	✓	✓		
Industry vs. Inferiority	✓	✓		✓	✓	✓		✓
Identity vs. Identity Diffusion				✓	✓			✓

CHAPTER THREE

RESEARCH ON THE PROCESS OF PLAY THERAPY

Both Ginott (1961) and Dorfman (1951) feel that one of the most important questions about play therapy has been left unanswered: What is the process of therapy? We must know what happens during therapy for how else are we able to measure or know when therapy is progressing? Ginott (1961) states:

On the basis of research, it is impossible as yet to answer the fundamental question: How is improved adjustment attained in play therapy? There is an obvious need for an integrated series of investigations focused on the internal dimensions of play therapy; first and foremost, the process itself needs to be scrutinized and its lawfulness discovered (p. 155).

The process of play therapy has never been subjected to a large-scale investigation; the few available studies in this area are all based on a small number of cases. In Chapter II an attempt is made to interpret what occurs during the process of therapy.

Landisberg and Snyder (1946) examined the protocols of four children aged five to six, who were seen by three non-directive therapists in play therapy. Statements of the child during therapy were categorized according to content and feeling. It was found that during therapy, children increasingly released feelings in activities and conversation, with emotional release rising from 50 percent during the first two-fifths of the sessions to 70 percent during the last three-fifths. Children's feelings were directed toward others rather than to themselves or to the therapist. Negative feelings increased as therapy progressed, whereas positive feelings remained at the same level throughout therapy. No insightful statements were made by the

children. Landisberg and Snyder concluded that the value of play therapy for such children may be cathartic. Due to the size of the sample, findings cannot be generalized to the play-therapy process at other age levels. Contradictory findings are also evident in Seeman's investigations with adults (1949) and Moustakas's study with four year old children (1955). Seeman found that in the last quintile of therapy positive feelings towards others and self outweigh negative feelings. He found that as therapy progressed, statements of insight increase in number, and there is movement from symptom exploration to self-exploration. None of these findings were evident in the Landisberg-Snyder study. Nevertheless, one should not assume that there are true differences between the therapy process of adults and children. Differences could be due to sampling error since there were only 10 cases in Seeman's study and 4 cases in the Landisberg-Snyder study (Ginott, 1961).

In another study of the process of play therapy, Finke (1947) used categories derived from the analysis of therapist's notes on play therapy sessions. The study involved six children, aged five to eleven, who were seen by different therapists. Her findings revealed three stages during the process:

1. In the first stage of therapy, a child is either reticent or verbose. If he is to show aggression during therapy, much of it will be evoked at this stage.
2. In the next stage, if aggression has occurred, it is now decreased. The child continues to test the limits of the play situation. Imaginative play is indulged.
3. In the last stage, the child makes great efforts to establish a

relationship with the therapist and attempts to draw him into his play and games (Ginott, 1961, p. 137).

As in the Landisberg-Snyder study, characteristics of verbal adult therapy did not appear in the examined play therapy protocols. Finke concluded that play therapy had its own characteristic pattern or process.

Finke's generalizations must be accepted with caution. They were derived by averaging the data from six cases, but no differentiation was made between the different ages of the children although considerable variation was evident between individual children. Lebo (1952), using Finke's categories, found that as children became older they told the therapist fewer of their decisions, they spent less time in testing limits, they made fewer attempts to draw the therapist into their play, and they voiced more of their likes and dislikes. Lebo (1956) also found that twelve year old children made fewer statements while using toys than did children at younger age levels. Lebo's findings would appear to give added evidence for the cautionary use of Finke's generalizations.

Two process studies were done by Moustakas (1955, A, B). He postulated that the disturbed child is motivated by anxiety and hostility. During play therapy a child goes through a sequence of emotional growth that corresponds to the normal emotional development of early childhood:

- First level: Undifferentiated and ill-defined positive and negative feelings prominent;
- Second level: Emergence of focused positive and negative feelings in response to parents, siblings, and other people;
- Third level: Ambivalent feelings distinctive;
- Fourth level: Negative feelings in primary focus, sometimes specific;

Fifth level: Ambivalent negative and positive attitudes prominent;

Sixth level: Positive feelings predominant and appear as organized attitudes. Negative attitudes also present. Both positive and negative attitudes differentiated, focused, direct, and generally in line with reality (p. 79).

Moustakas found that the disturbed child during play therapy shows the following sequence of "growth":

(a) diffuse negative feelings, expressed everywhere in the child's play; (b) ambivalent feelings, generally anxious or hostile; (c) direct negative feelings, expressed toward parents, siblings, and others, or in specific forms of regression; (d) ambivalent feelings, positive and negative, toward parents, siblings, and others; and (e) clear, distinct, separate, usually realistic, positive and negative attitudes, with positive attitudes predominating in the child's play (p. 84).

Moustakas would appear to be the only theorist who has postulated what should occur during the process of play therapy, and then attempts to validate its occurrence. All other research has confined itself to looking at what occurs and then formulating generalizations. Ginott (1961) feels that Moustakas's postulates are valuable and merit further investigation, however, he is not convinced that subjective interpretation was not involved (p. 139).

Moustakas's second study (1955B) was a comparison of patterns of emotional growth of normal and disturbed children during four play therapy sessions. Tape-recordings and notes of the first and third sessions showed that disturbed children expressed a significantly greater number of negative attitudes with greater intensity than well-adjusted children. The disturbed children expressed negative attitudes in a diffuse manner, the well-adjusted in a focused manner. The study suggests that, as therapy progresses, negative attitudes of the disturbed become more similar to those of the well-adjusted. They are expressed

more clearly, more directly, less frequently, and less intensely.

These findings would appear to contradict results obtained by Landisberg and Snyder.

Lebo and Lebo (1957) found that aggression and age exert a marked influence on the amount and variety of speech produced by normal children in play therapy. It was found that as the child grew older, they employed fewer story units in their speech and made fewer favorable statements about themselves than younger children. However, aggressive children made more favorable statements about themselves, showed more interest in the counsellor and made more attempts to establish a relationship with the counsellor than non-aggressive children.

The studies cited above yield only a few verified generalizations. It is evident that the process of play therapy can be measured objectively. Contradictory evidence, however, is noted with regards to changes in feelings during the play therapy process. The types of statements made by children in therapy would appear to be affected by chronological age and aggressiveness.

Research on the process of play therapy has confined itself to showing change in attitude during therapy. It is postulated that change in attitude will be manifested in behavioral changes in the child. The checklist devised by the writer, as explained in Chapter II, attempts to quantitatively measure change both in attitude and behavior with greater emphasis on the latter. Use of recordings and notes during play therapy sessions is an excellent procedure in measuring attitudinal changes (Moustakas, 1955 A & B). Practical limitations, however, eliminated the use of this method in this study. The use of checklists to quantitatively measure the process of play therapy has been used to a small

degree. Checklists, however, were always used to categorize verbal statements of the child and therapist during the play therapy sessions.

I - Play Therapy as a Technique

Play therapy takes many forms, is used by a variety of professionals with different backgrounds, and is used differently according to one's orientation. One such orientation is the client-centred or non-directive approach to play therapy. This approach to play therapy was used by the counsellors who participated in the study.

In general, client-centred play therapy differs very little from that done with adolescents or adults. The main difference is that the therapist, rather than reflecting those feelings which are expressed verbally, reflects those feelings which are expressed symbolically in the manipulation of play objects.

1. Theoretical Orientation of Client-centred Play Therapy

According to Axline (1947), the individual requires a permissive therapeutic environment and acceptance by both himself and others to achieve self-realization. She states that growth is relative and dynamic depending as it does on one's experiences. Behavior is changed when the individual no longer feels a need for old behavior, or when a more satisfying type of behavior is discovered. The client is said to be "growing" when he perceives how he can direct his own life and accepts responsibility for this direction. Children are accepting of life as they find it, unless conditions are unusually harsh. Even though the child often encounters barriers to self-realization he continues to strive for integrated maturity. This is evidenced in his behavior. He satisfies this drive by fighting to establish his self-

concept in the world of reality, or by confining his energies to the inner world where he can handle it with fewer immediate conflicts. In Axline's view the child who progressively retreats from the world of reality becomes progressively more maladjusted. The well-adjusted child, in comparison, develops self-confidence through bringing his self-concept into the open, and learns to consciously and purposefully direct his behavior by evaluation, selectivity and application. Axline agrees with Rogers (1951) that the further apart actual behavior and the self-concept become, the greater the degree of maladjustment.

Toys facilitate the adjustment process because they are the child's peculiar medium of expression (Axline, 1947). His free play is a spontaneous expression of what he wants to do. When the child plays freely and without direction he is expressing his genuine feelings. He is enjoying a period of independent thought and action.

2. Goals of Client-Centred Play Therapy

The goals of play therapy have been well expressed by Axline (1947) and Dorfman (1951). The similarity to client-centred adult therapy is evident.

...the child plays out his accumulated feelings, thus, bringing them to the surface, faces them, learns to control them or abandons them. When he has achieved emotional relaxation he begins to realize the power within himself to be an individual in his own right, to think for himself, to make his own decisions and to become psychologically more mature and by doing so realizes selfhood (Axline, 1947, p. 16)

...once the child has undergone some personal change, however slight, his environmental situation is no longer the same. That is, his "stimulus-value" to other persons has been altered. Once he is differently perceived, he is differently reacted to, and this different treatment may lead to further change (Dorfman, 1951, Chpt. 6)

3. Principles of Client-Centred Therapy

The attainment of these goals is not only dependent on having play material available, but is also dependent on the therapist and the relationship he establishes with the client. Axline lists eight principles which she feels a non-directive play therapist should follow:

- 1-The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
- 2-The therapist accepts the child exactly as he is.
- 3-The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
- 4-The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into this behavior.
- 5-The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
- 6-The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
- 7-The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
- 8-The therapist establishes only those limitations which are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship (p. 75-76).

Dorfman (1951) is in agreement with Axline but would stress that in therapy there is no attempt to alter the child but only make possible his self-alteration when and if the child wishes to do it. When the child perceives an attitude of respect by the therapist, the child will bring into the open rejected as well as accepted aspects of his personality and form some kind of integration among them. Dorfman emphasizes that the child's expressions are determined by his needs, rather than by the therapist's persuasion.

Ginott (1961), a social-psychoanalytic therapist, would also add that the therapist must be able to like children but not have a strong need to be liked by them. Therapists, he believes, should also undergo personal analysis to become aware of their own problems and perhaps solve them. Throughout life, however, we never lose the need for honest self-searching and regular consultation with colleagues. Dorfman (1951) contends that the therapist should make no attempt to respond to previous material but confine himself to currently expressed feeling, thereby heightening the child's awareness of what he is like at the present moment.

In a non-threatening relationship the rate at which the child brings forth significant material is determined by his psychological readiness to do so. Dorfman (1951) postulates that a basic value of play therapy may be the neutralization of fears through their concrete representation in toys.

It is readily apparent that more research is required into the actual process of play therapy. It is not enough to be able to say that by using certain techniques effective change will take place. We must know what is causing this change.

II - Research on the Effectiveness of Play Therapy

In Chapter II a rationale for play therapy was presented. It is necessary, however, to statistically verify the effectiveness of this strategy for counselling young children. In this thesis the writer attempts to determine the effectiveness of play therapy with under-achieving children. A review of research on the effectiveness of play therapy indicates that a large number of investigations have been performed on the effectiveness of play therapy. These studies, however,

have largely dealt with the exceptional child. This would appear directly related to the difficulties encountered in testing young children. Many of these studies suffer from inadequate controls and small sample size (Ginott, 1961). Generalizations to the population also have proven difficult if not invalid. It is apparent that more comprehensive research is required so as to remove the "shibboleth" of which Lebo (1953) speaks.

A number of studies have been conducted with use of a non-directive approach to play therapy. However, only a small number have relevance to the sample used in the study.

Fleming and Snyder (1947) attempted to study quantitatively the effects of group play therapy upon the personal and social adjustment of children. Three personality tests were administered to 46 children. Four boys and three girls (ages $8\frac{1}{2}$ to $11\frac{1}{2}$) who made the poorest test scores were given group play therapy twice a week for 6 weeks. The other 39 children served as controls. Group play therapy followed a non-directive method as outlined by Axline (1947). The results indicated that on all three measures the experimental group of girls improved significantly more than the control group. The experimental group of boys did not improve significantly more than the control group. This study suffers from several flaws in design as cited by Ginott (1961). The smallness of the sample limits the significance of the results. Secondly, experimental and control groups were not equated for maladjustment scores. The writer has attempted in this thesis to control this variable. Thirdly, the experimental group did not receive the same treatment as the control group. Children in the experimental group were transported ten miles

for their sessions. Therefore, improved scores cannot be attributed unequivocally to therapy.

Bills (1950) conducted two studies using a non-directive approach. He found that maladjusted retarded readers showed significant gains in reading tests after nine sessions, with no significant gains after a control period. Bills repeated this study with a group of well-adjusted retarded readers but found no improvement in their reading ability. He concluded that the gains in reading in the first study were related to the children's improvement in personal adjustment. We may, therefore, conclude that play therapy may be effective with retarded readers who are emotionally disturbed, yet it may not be preferential treatment for all retarded readers.

Bills' studies also suffer from small sample size (8 subjects) and poor selection of the control group.

Cox (1953) conducted one of the few studies which employed an adequately matched control group. Two groups of orphanage children, nine in each group, were matched on several measures of adjustment and a sociometric rating. The experimental group was given ten weeks of play-therapy. The control group received no therapy. Immediately after therapy and at a follow-up fifteen weeks later, the adjustment scores and peer-ratings of about half the children in the experimental group showed improvement. The control group showed no gains. Cox followed a method of therapy as outlined by Axline (1947).

A large scale investigation by Dorfman (1955) is the basis of this writer's thesis. Dorfman made an objective and adequately controlled investigation of the outcomes of non-directive individual play therapy. The main hypothesis of the study was that personality changes

occur during a therapy period but do not occur in the same child during a no-therapy period and do not occur in control cases. There were two subsidiary hypotheses: (1) therapy can be conducted by an outsider in a school setting; (2) child therapy is possible without parent treatment.

The experimental group consisted of 12 boys and 5 girls, ages 9 to 12, of average intelligence, who were considered maladjusted by their teachers. The experimental design was of the pretest-posttest variety. The experimental group was tested four times: (1) pre-wait, thirteen weeks before therapy; (2) pre-therapy, immediately prior to therapy; (3) post-therapy, immediately after therapy; (4) follow-up, a year to a year and a half after therapy. The design included two types of controls: (1) where each child in the experimental group served as his own group, (2) where a separate group of 17 subjects were given pre and post tests over a time interval corresponding to the length of the experimental group's therapy period. However, experimental and control groups were not perfectly matched for maladjustment and sex.

The personality measures used were an objective test (Rogers Test of Personality Adjustment), a non-verbal projective test (Machover Human Figure Drawing), a verbal projective test (sentence completion), and follow-up letters. All the children in the experimental group were seen by the same therapist. The average number of sessions was 19. Ten out of seventeen cases were considered successful by the therapist.

The results of the study supported Dorfman's main and subsidiary hypotheses:

1. Reliable test improvements occur concomitantly with a series of therapy sessions. Time alone does not produce reliable improvement on tests. Although individuals may show "spontaneous remission", the group

as a whole does not.

2. Despite the emotional dependence of children upon parents, therapy improvements occur without parent counselling.
3. Effective therapy can be done in a school setting.

Dorfman's investigation is a well-controlled study of personality outcomes of non-directive play therapy. However, she suggests that future research be done as a group project rather than by one therapist so that results may be more validly generalized.

Dorfman found that her best measure of change post-therapy was a Sentence Completion Test which she devised. The use of such a test in research on play therapy has not been replicated. It was, therefore, employed in this thesis as a measure of the outcomes of play therapy. Description of this test is included in Chapter IV.

III - Further Research Required

Axline (1947), Dorfman (1958), Lebo (1953) and Ginott (1961) all make pleas for research in play therapy. The following variables they feel require special provision:

1. Dorfman (1955) in her unpublished doctoral dissertation recommended the use of a number of therapists in a study of the effectiveness of play therapy. The writer has used in his investigation three therapists; two men and one woman.
2. Both Dorfman (1958) and Ginott (1961) caution the researcher in the selection of the control group. The control group should be matched with the experimental therapy group on as many variables as possible. Much of the previous research in this area has failed to control this variable. This variable has been controlled to a limited degree in this study.

3. Ginott (1961) states that on the basis of present research (to that date) it is impossible to know whether or not the beneficial outcomes of play therapy are directly related to its practical procedures and theoretical rationales. Research, he feels, must show that:

- (1) desirable changes in personality and behavior come about concomitantly with play therapy and
- (2) that such changes would not have occurred in the absence of therapy (p. 154).

Ginott feels that a study which makes use only of an experimental therapy group and a control group does not eliminate the variable that play alone is producing the change. He states: "a truly rigorous study would require a comparison of a therapy group not only with a no-therapy group but also with a placebo group (children who come to the clinic for play sessions only)." (p. 154)

The writer has attempted to eliminate this variable by including a third group; a placebo group.

4. One must also attempt to control other outside variables such as location of therapy, parents' attitudes to therapy, environmental influences and the type, severity and duration of the disturbance. The writer has not been able to control many of these variables. Ginott (1961) feels that a variable which must be controlled in a study of child therapy is the means of getting the children to the clinic. To avoid this problem all children were counselled within their own schools. Other variables have only been controlled to a minor degree.

5. The problems underlying parent participation with the child in therapy sessions have not been resolved. No attempt has been made in this thesis to include parents in the treatment. Results of this study would verify results obtained by Dorfman (1955), Levi (1961) and Axline (1947).

CHAPTER IV

EXPERIMENTAL DESIGN

I - The Sample

Subjects were chosen from nine schools which had grade three pupils in a regular program (these students progress at a normal rate of one grade per year).

A. Identification of Underachievers

Students were selected, first, on the basis of the teacher's perception of under-achievement. All grade three teachers with students in a regular program were asked to list three students whom they perceived as under-achieving. No difficulty was encountered with defining under-achievement as all teachers appeared to understand immediately the meaning of such a term.

This method of identification was selected on the basis of Dorfman's unpublished dissertation (1955). The same procedure for selecting subjects was used in this study.

Teacher's lists provided only a preliminary method of selecting subjects for this study. Of a total of 57 children perceived by teachers as being under-achievers, ten were immediately discarded because they had been seen by a member of the pupil personnel team in the past. It was necessary to do this as our results would not have unequivocally supported the effectiveness of play therapy. Of the 47 children remaining in the sample, all were given a Sentence Completion test which measured themes, attitudes and adjustment. This test was formulated by Dorfman (1955) for use in her dissertation. The Sentence Completion test had two purposes in the writer's study. As a measure of adjustment it is used in a pre-test

and post-test orientation to measure the effectiveness of play therapy. This test was also used in selecting children for participation in the study. In each school those three children who scored lowest in terms of adjustment were selected for participation in the study. It was necessary to use this method of selection for each of the therapists was only able to contribute time for two children in each of three schools. All sentence completion tests administered were scored by three trained raters independently of each other. This test and its validation is described in greater detail further in this chapter.

TABLE IV
NUMBER OF STUDENTS PARTICIPATING IN THE STUDY

Therapist	School	Underachievers Identified			Underachievers who Participated in the study		
		Boys	Girls	Total	Boys	Girls	Total
1	1	3	3	6	3	0	3
1	2	5	1	6	3	0	3
1	3	4	2	6	2	1	3
2	1	5	1	6	3	0	3
2	2	4	2	6	2	1	3
2	3	2	1	3	2	1	3
3	1	6	3	9	2	1	3
3	2	3	3	6	1	2	3
3	3	6	3	9	2	1	3
TOTAL		38	19	57	20	7	27

Table IV indicates the breakdown of under-achievers by school and sex. It is interesting to note that of the 57 under-achieving students only 19 were girls and 38 were boys. Of the 27 children selected for participation in the study only 7 were girls and 20 were

boys. These ratios are in line with findings of Ford (1957), Heimann and Schenk (1954), Thorndike (1963) and Zingle (1965).

B. Selection and Orientation of Elementary Counsellors

Dorfman (1955) recommended that in order to generalize from results obtained in testing the effectiveness of a therapeutic technique it is necessary to use more than one therapist in the study. This is required in order to generalize from results obtained to a larger population of counsellors. All studies in the past have only used one therapist (Fleming & Snyder, 1947; Axline, 1953; Bills, 1950; Cox, 1953; and Finke, 1947).

Three elementary counsellors each assigned to three schools were selected to participate in the study. The counsellors' backgrounds in non-directive play therapy varied. All three counsellors were well acquainted with non-directive therapy for adults but only one had used non-directive play therapy with children. Hence, an orientation period was necessary. All three counsellors observed a non-directive play therapy session by the writer. Two meetings were held with each counsellor, once as a group and once individually. Prior to the first session the counsellors were given a printed handout in which the technique was described in detail. This handout was similar to Chapter III of this thesis. Each of the counsellors perused the handout and brought up any questions they might have. Due to the nature of the study contacts with the counsellors were frequent. Consequently, during the study the counsellors felt comfortable in using the technique.

C. Assignment of Subjects to Treatment and Control Groups

Each of the sentence completion tests administered to the 47 under-achievers was scored by three raters. A mean total score was

computed for each child. As previously mentioned, the three children who scored lowest in adjustment, from each of the nine schools, were selected to participate in the study. The 27 children were randomly assigned to one of three groups:

1. Group A: A non-directive approach to play therapy.
2. Group B: Play sessions under supervision.
3. Group C: No treatment.

Hence, it is assumed that through random assignment the level of adjustment between groups before the experimental period would be comparable. Results obtained in the analysis of the data indicated this to be true (see Chapter V). Recommendations for this procedure have been made by Dorfman (1955) and Ginott (1961).

II - Description of Types of Treatment Used in the Study

A. Time Span

Children in Group A and Group B were seen for one-half hour per week for a total of seven consecutive weeks. Group C received no treatment during the seven weeks. Therapists were aware of the names of the control group to avoid, unless necessary, seeing these students during their regular counselling sessions in the school.

B. Selection of Toys

Selection of toys was based upon criteria as set up by Beiser (1954), Lebo (1958) and Ginott (1961). Toys were selected for both their therapeutic value and also for their interest stimulation. This was particularly important with regards to Group B. It was also found that the sex of the child played an important part in the effectiveness of certain toys. For example, boys were not as responsive to doll houses as girls. Therefore, toys also had to be selected with this criteria in mind. The following toys

were used during the seven sessions for both Group A and Group B.

- | | |
|--|---------------------------|
| 1. Doll house with furniture (Lebo) | 5. hand puppets (Lebo) |
| 2. Bendable Family Members (Lebo and Beiser) | 6. puzzles |
| 3. Plasticine (Lebo and Beiser) | 7. tinkerbox toys (Lebo) |
| 4. Crayons and paper (Lebo and Beiser) | 8. building bricks (Lebo) |
| | 9. puzzle books (Lebo) |

Other toys which might have been more effective were often eliminated due to practical reasons such as sound-proofing.

C. Treatment Given to Students in Group A (Experimental Group)

Students in this group were counselled by therapists who used a non-directive play therapy approach. The technique is explained in Chapter III. Subjects in this group received both play and a therapeutic relationship as outlined by Axline (1947). Group B, in comparison, received only play under supervision. It was proposed that change during the seven sessions would follow the rationale based on an adaptation-centred model as outlined in Chapter II.

D. Treatment Given to Students in Group B (Placebo Group)

Subjects in Group B received only play with supervision. No therapeutic relationship was to be established between counsellor and subject. The purpose of including this group in the study was to show that it is not play alone but rather play within a therapeutic relationship that produces change (Ginott, 1961).

In order to ensure cooperation from the placebo group of children, it was felt necessary to provide toys which were not only conducive to relating feelings but also toys which would help the children to occupy their one-half hour per week enjoyably.

To ensure that no therapeutic relationship of the quality which

was established in Group A (an assumption of the writer's) takes place, counsellors were asked to follow this procedure: When the child enters the counselling room he shall be told: "You have this half-hour to do as you wish". Toys shall be placed in full view on tables, etc. The counsellor shall then go to her desk and begin working on reports or whatever she wishes as long as no effort is made to interact with the subject. Many children will invariably try to interact with the counsellor. The counsellor, however, will only reply to the immediate question and then will return to her work, i.e. Child: Look at the drawing I made. Therapist: It is very nice. (Returns to her work).

Due to local policies and lack of facilities for observation it was necessary to include the therapist as supervisor. Therefore, therapists were given an explanation of the purpose of such a group and its importance in terms of this study. The therapists agreed that it would be difficult, however, for the duration of time involved they agreed to follow the procedure as outlined.

E. Treatment Given to Students in Group C (Control Group)

No contact was made with the children in this group from the time they took the sentence completion test to the end of the experimental period when they re-took the same test. To keep the group as non-contaminated as possible, lists of the students in this group were given to the counsellors. The counsellors were asked to refrain, if possible, from providing any counselling to these students for the duration of the study. When checked at the end of the experimental period, the writer found that none of these students had been seen by any member of the pupil personnel services.

The rationale behind the setting up of this group is to show that

time alone will not produce a significant change. This would run contre the ideas of Eysenck (1957). However, it must be noted that no follow-up is being done on these students in terms of long range effectiveness of play therapy.

III - Methods Used to Measure Effects of Differential Treatments

Outcomes were checked on the basis of changes in adjustment scores on a sentence completion test and changes in behavior as measured by a checklist.

A. Sentence Completion Test (see Appendix A)

The sentence completion test served two purposes: (1) selection of children for the study and (2) verification of the effectiveness of play therapy with regards to change in adjustment rating.

The test was formulated by Dorfman (1955) to exhibit the effectiveness of client-centred play therapy. This test is based on a compilation of sentence completion items from Rhode (1947), Shor (1946), and Rotter and Willerman (1947). The sentence completion test provides an adjustment rating scale for 10 personality characteristics adapted from Goldberg (1950) and Reader (1948): anxiety, security, dependence, conflict, affectivity, flexibility, spontaneity, self-regard, attitude toward people, and family attitude. The mean adjustment rating, an average of ratings on the ten characteristics provides an index of general adjustment. Dorfman found that the test was an accurate indicator of change following therapy.

Each test administered during this study was scored by three independent raters according to a scoring manual compiled by Dorfman (Appendix D). Table V indicates inter-rater reliability. Agreement on total score adjustment ratings ranges from .77 to .86 among the three judges.

TABLE V
INTER-RATER RELIABILITY OF SENTENCE ADJUSTMENT
TOTAL SCORES AT FIRST TESTING OF 47 SUBJECTS

	2	3
1	.859	.843
2		.773

Results indicating the validity of the Sentence Completion test for differentiating under-achieving from average-achieving students was not available. Results indicating the validity of this test as a measure of adjustment are to be found in the earlier works of Rhode (1947), Shor (1946) and Rotter and Willerman (1947). It would be hoped to show that the sentence completion test is a valid instrument for differentiating adjustment level between under-achieving and average-achieving students.

A pilot study was conducted in order to test the validity of this instrument for use with under-achieving students. Thirty children in the same grade as the sample, who were not perceived by their teachers as being under-achievers, were also given the same sentence completion test. The same three raters who had scored the pre-therapy sentence completion test also scored this test. The raters during both scoring periods were not aware of the differences between the two groups. The data from these two groups were subjected to a two-way analysis of variance. The F ratio, as may be seen from Table VI, is significant at the 1 percent level. Thus, it may be seen that the two groups, under-achievers and average achievers, respond to the sentence completion test differently. The under-achieving students scored highest while

the average achievers scored lowest.* One judge, as indicated in Appendix D, regarded both groups as being closer in adjustment rating than the other two judges. Nevertheless, a significant difference existed between the two groups (Table VI).

TABLE VI

SUMMARY OF ANALYSIS OF VARIANCE OF THE SCORES ON
THE SENTENCE COMPLETION TEST FOR TWO GROUPS:
UNDER-ACHIEVERS AND AVERAGE ACHIEVERS

Source of Variation	Sum of Squares	Degrees of Freedom	Variance Estimate	Obtained F. Value	Significance
Between Groups	807.002	1	807.002	6.253	p .01
Between Raters	10.586	2	5.293	.465	p .63
Raters X Groups	99.284	2	49.642	4.366	p .01

It would appear that the sentence completion test is a valid instrument for discriminating under-achievers from average achievers, with regards to level of adjustment.

B. Checklist (see Appendix B)

The checklist as described in Chapter II was also developed for two purposes: (1) to measure changes which occur during the process of therapy and (2) to note significant change in subjects of all three groups during the experimental period. As described earlier change may be negative, neutral or positive.

The checklist as developed by the writer was completed at four different intervals; immediately after the first, third, fifth and last session. A checklist was completed by the child's teacher for

* Higher ratings mean greater maladjustment.

each child who participated in the study ($N = 27$). The teachers were aware that a child was in the control group because that child was never removed from the classroom. However, teachers were not aware whether a child was being seen in the experimental or the placebo group. Counsellors were informed not to divulge this information to anyone. Therapists completed checklists on both the experimental and placebo children which they saw once a week ($N = 18$). Since therapists were aware of what results the writer wished to obtain this variable must be considered. It was also hoped to indicate whether an objective outsider could observe changes occurring during the process of therapy. Three schools indicated an immediate willingness to have an outside observer come into the classroom. Therefore, three children in each of the three groups were observed by a trained observer. The observer saw each child four times, for approximately one-half hour per child ($N = 9$). Training of the observer consisted of three trial observations with children who were not part of the study. Certain non-rectifiable variables occur when an observer is placed in a classroom. It was hoped that over a period of four observations, the children would exhibit "normal" behavior. Due to a time factor it was necessary that all checklists were returned within a week. All therapists, teachers and the observer complied with this request.

Results indicating the validity of this checklist as a means of measurement are reported in Chapter V.

IV - Assumptions Made During the Study

Three major assumptions were made during this study:

1. Children in the Experimental Group receiving a Client-centered approach to play therapy would establish a therapeutic relationship within the counselling environment.

2. Children in the Placebo Group receiving play under supervision would not establish a therapeutic relationship with the counsellor. This does not rule out the possibility that play alone has therapeutic value.
3. Changes occurring during the process of therapy would manifest themselves in overt behavior which would be evident to counsellors, teachers and an outside observer.

V - Null Hypotheses to be Tested

1. (a) It is hypothesized that subsequent to the experimental period the group counselled according to the nondirective play therapy orientation (Group A) would not show significant adjustment changes in comparison with the other two groups.
 (b) It is hypothesized that subsequent to the experimental period the group receiving play with supervision (Group B) would not show significantly greater adjustment changes than the Control group (Group C).
 2. (a) It is hypothesized that no change in terms of ratings on a checklist is taking place during the process of therapy.
 (b) It is hypothesized that the group receiving a nondirective approach to play therapy (Group A) would not show more significant movement during the process of therapy than any of the other two groups.
 3. It is hypothesized that the direction of change during the therapy process will not be positive in direction for the group receiving a non-directive approach to play therapy (Group A) in comparison with the other two groups.
- Two subsidiary hypotheses are implied in the study's design:
- (1) Positive change can occur during play therapy without treatment of parents.
 - (2) Changes occurring during the process of counselling may be observed.

CHAPTER V

FINDINGS

The data accumulated from administrations of the measuring instruments used in this study were subjected to statistical analysis in an effort to ascertain the tenability of the hypotheses regarding the effectiveness of play therapy and the process of play therapy. Each of the two measures of behavior change will be dealt with separately.

Improvement in Adjustment as Measured by a Sentence Completion Test

Each of the twenty-seven children included in the study was administered a Sentence Completion Test pre- and post-therapy. These tests were scored independently by three raters. The mean adjustment score for each group was tabulated pre- and post-therapy. These scores and the differences in mean score pre- and post-therapy are presented in Table VII. A decrease in mean score indicates improvement in adjustment.

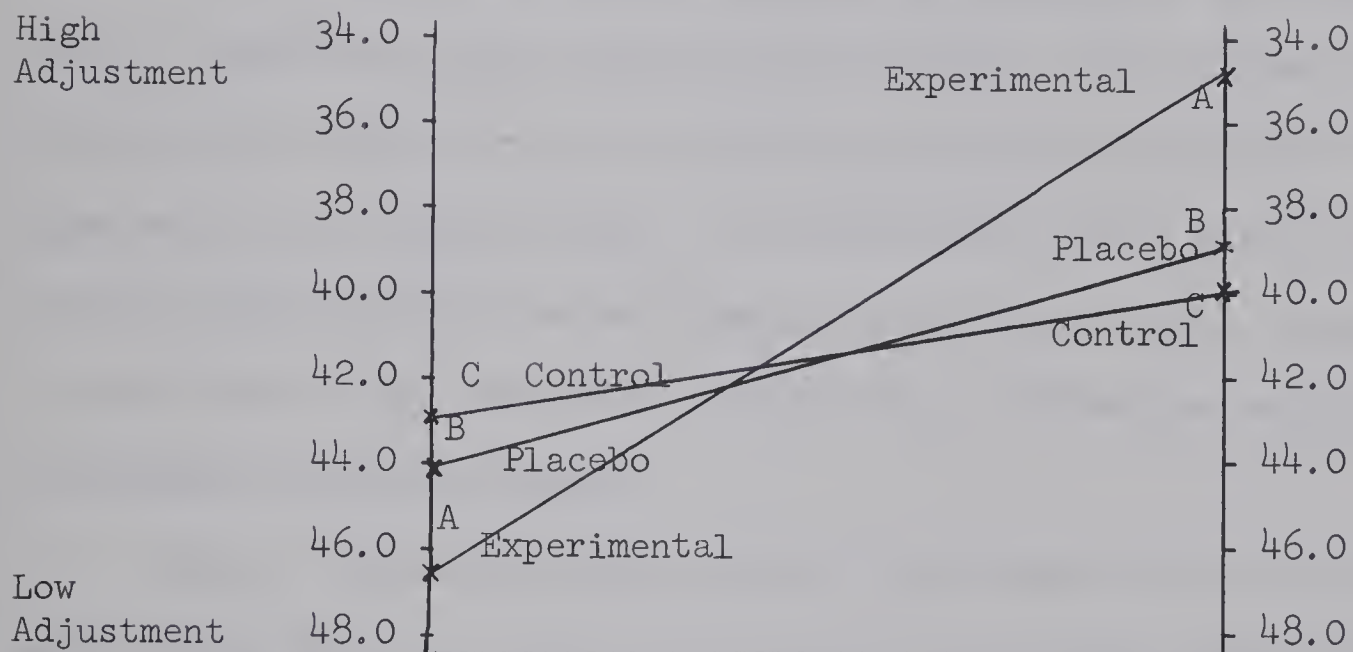
TABLE VII
MEANS AND DIFFERENCES BETWEEN PRE- AND POST-TREATMENT
ADJUSTMENT SCORES FOR ALL THREE GROUPS*

Group	Pre	Post	Differences Pre- and Post Treatment
Experimental	46.33	35.44	10.89
Placebo	44.00	39.07	4.93
Control	42.93	40.04	2.89

*Nine children in each group (N = 27)

A graphic representation of these findings is presented in Figure I, below. It would appear that increase in adjustment pre- and post-therapy is greatest for the Experimental Group (Group A), followed by the Placebo Group (Group B) and Control Group (Group C).

FIGURE I
MEANS BETWEEN PRE- AND POST-
TREATMENT ADJUSTMENT SCORES
FOR ALL THREE GROUPS



A three-way analysis of variance with repeated measures for pre- and post-therapy was performed to determine whether the observed differences were significant. A summary of the analysis of variance is presented in Table VIII.

TABLE VIII

SUMMARY OF ANALYSIS OF VARIANCE OF THE DIFFERENCES BETWEEN PRE- AND POST-TREATMENT ADJUSTMENT SCORES FOR THE EXPERIMENTAL, PLACEBO, AND CONTROL GROUPS AS SCORED BY 3 INDEPENDENT RATERS

Source of Analysis	Sum of Squares	Degrees of Freedom	Variance Estimate	Obtained F. Value	Significance
Between Raters	48375000	2	24187500	0.38	.68
Between Groups	14000000	2	70000000	0.11	.90
Between Groups & Raters	16456250	4	41140625	0.65	.63
Interaction Between Groups Over Time	46675000	2	23337500	10.09	$p \leq .0001$

The significant difference exhibited between groups over time also required further analysis. The analysis and test of significance assume that the variation within groups is homogeneous, that is, that the variances within the three groups do not differ significantly among themselves. A test of homogeneity of variance as described in Edwards (1954) was carried out by the writer. It was found that no significant difference existed among the variance within each of the three groups. It would, therefore, follow that the significant difference, as shown in Table VIII, must be due to differences in treatment between groups. By using Tuckey's test for significant gaps between means (Edwards, 1954) it was found that a significant difference at the 5 percent level existed between the Experimental and Placebo Group. It would follow that a significant difference exists between the Experimental and Control Group. However, using the same test it was found that no significant difference existed between the Placebo and Control Group.

Thus it can be seen that the null hypothesis (Ia) that the Experimental Group (Group A) would not show more significant adjustment changes than the other two groups can be rejected. The findings appear rather convincing that children who were counselled with a play therapy technique showed greater improvement in adjustment scores than those who received play under supervision or no treatment (Group C). It is also important to note that the expected greater improvement with the Placebo Group as compared with the Control Group was not upheld (Hypothesis: Ib).

The subsidiary hypothesis that positive change will occur during play therapy without treatment of parents was also upheld. Children in the Experimental Group showed significant change in adjustment scores although their parents were not included in the therapy.

Change During the Process of Play Therapy as Measured by Checklist

As outlined in Chapter IV, the checklist was completed four times by teachers ($N = 16$), counsellors ($N = 3$) and an observer ($N = 1$). Change during the process of therapy was measured in three ways due to the format of the checklist. The checklist was devised to measure the certainty of change over the four administrations of the checklist. Secondly, change could result in movement from one category of behavior to a different category. Thirdly, change in an overall view could be positive, neutral or negative in direction. The data accumulated was statistically analyzed to verify different levels of change. Each of these levels of change will be dealt with separately.

A. Certainty of Change

The first variable tabulated was to determine if respondents to the checklist were certain of the changes taking place during the experimental period. Respondents who always indicated they were uncertain of their choice would show less certainty than respondents who indicated on the first checklist that they were uncertain and changed to definitely certain on the second checklist. One would also wish to determine if significant differences were evident in the certainty of change between the three groups. It is also important to note if over time change was taking place. In order to indicate that play therapy has a significant effect with regards to certainty of change it is necessary to have a significant interaction between groups and time intervals. The data accumulated on certainty of change was subjected to a two-way analysis of variance with repeated measures over four administrations of the checklist.

A summary of results indicating significant findings is presented in Table IX.

TABLE IX
SUMMARY OF ANALYSIS OF VARIANCE OF THE SIGNIFICANT DIFFERENCES* ON CERTAINTY OF CHANGE DURING THE PROCESS OF PLAY THERAPY

Item	Teachers	Counsellors	Observer
1	NSD	.08 between groups .05 between times	.09 between times
2	NSD	.02 between times	NSD
3	NSD	NSD	.05 between times
4	NSD	.005 between times	NSD
5	NSD	NSD	NSD
6	NSD	.004 between times	NSD
7	NSD	NSD	.0001 between times
8	NSD	.05 between groups .03 between times	.05 between times

* Non-significant differences are presented in Appendix F

The results would appear to indicate that there is no significant difference between the Experimental, Placebo, and Control groups with regards to certainty of change during the process of therapy. To indicate this effect it would be necessary to have significant interaction between groups and time intervals. As indicated in Appendix F, no significant results were obtained with regards to interaction between groups and time intervals. Only twice do we find a significant difference occurring between groups. This is with regards to counsellor response to items one and eight. Due to the large number of non-significant

differences obtained it would appear that these cases could be due to chance alone. Secondly, item eight deals with the child's future orientation. One's future orientation is expressed largely through verbal exchange. Therefore, children in the Experimental group would have greater opportunity to exhibit this trait as compared to the placebo group. However, item one measures the child's trust in the counsellor. Theoretically one would expect the group receiving play therapy, as compared to the group receiving play with supervision, to have more trust in the therapist. It must be remembered that counsellors were aware of which children were included in each group.

It is also interesting to note that the fewest number of children were observed by the observer and his significant findings were the greatest in comparison with teachers and counsellors who observed more children.

Nevertheless, we do find that over time change is taking place. The differences between each of the three groups are not significant, however, movement is taking place within each of the groups. This would lend partial support to Hypothesis #2b that the group receiving a non-directive approach to play therapy will not show more significant movement during the process of therapy than any of the other two groups. However, it would give support to rejecting Hypothesis #2a that no movement is taking place during therapy.

B. Change in Category

A two-way analysis of variance was performed to determine if movement was taking place between categories in each item. One would wish to determine if there is a significant difference between the three groups as to movement taking place between ratings. Secondly, over

time one would wish to find movement taking place. The interaction of groups over time would indicate that therapy is having a differential effect on the children. The results of the analysis are presented in Table X.

TABLE X
SUMMARY OF ANALYSIS OF VARIANCE ON THE SIGNIFICANT DIFFERENCES*
ON CHANGE OF CATEGORY DURING THE PROCESS OF PLAY THERAPY

Item	Teachers	Counsellors	Observer
1	NSD	NSD	.03 between times
2	NSD	NSD	.01 between times
3	NSD	.05 between times	NSD
4	NSD	NSD	.07 between times
5	NSD	NSD	.02 between times
6	NSD	.02 interaction Groups X Time	.005 between times
7	.05 between times	.01 between groups	NSD
8	.03 between times	.05 between times	NSD

* Non-significant differences are presented in Appendix G

A similar trend in results occurs with the change of category variable as with the certainty of change variable. The greatest amount of significant findings appear to indicate that over time some change is taking place. This result would lend further support to Hypothesis #2a that movement is taking place during the process of therapy. The one significant difference exhibited between groups would have to be rejected due to the large number of non-significant findings. However, due to the nature of item seven one would expect to find a significant difference existing between groups. Theoretically, as the child proceeds

in play therapy he would learn to trust the counsellor more and consequently would reveal more of himself than a child who only receives play with supervision. Nevertheless, in order to show the differential effects of therapy it is necessary to have an interaction occurring between groups and time. In only one case is this found. This finding could be rejected by the argument that counsellors are more perceptive of role-playing and also they knew which child was in the experimental group as compared to the placebo group. We, therefore, find no support for rejection of Null Hypothesis 2b that the group receiving a non-directive approach to play therapy will not show more significant movement during the process of therapy than any of the other two groups.

C. Upward Mobility in Change

A two-way analysis of variance was tabulated to determine the direction of change during therapy. Null Hypothesis #3 states that the direction of change during the therapy process will not be more positive in direction for the group receiving a non-directive approach to play therapy (Group A) than any of the other two groups. In order to exhibit this effect it is necessary to have a significant interaction between groups and time intervals. Results of the analysis of variance are presented in Table XI on page 53.

The findings would indicate that over time change is taking place for all children, but not significantly for any one particular group. These findings would be comparable to results obtained on analysis of certainty of change and change of category variables. Hence, Hypothesis 2a that no change is taking place during therapy can be rejected. However, no adequate support is given for rejecting the Null Hypothesis 3 that the experimental group would show a significant difference in the direction

of positive change during the process of therapy.

TABLE XI

SUMMARY OF ANALYSIS OF VARIANCE OF THE SIGNIFICANT DIFFERENCES*
ON UPWARD MOBILITY DURING THE PROCESS OF PLAY THERAPY

Item	Teachers	Counsellors	Observer
1	NSD	NSD	.01 between times
2	NSD	NSD	.001 between times
3	NSD	.02 between times	NSD
4	NSD	NSD	.02 between times
5	NSD	NSD	.01 between times
6	NSD	.04 interaction between groups and time	.002 between times
7	.04 between times .08 between times	.01 between groups	.02 between times
8	.07 interaction between groups and time	.02 between times	.02 between times

*Non-significant differences are presented in Appendix H

Summary of Findings

Based upon all the data, obtained through the administration of the evaluative measures, the following observations seem most plausible to the writer.

1. The group of underachieving students, counselled according to a play therapy orientation (Group A) showed significant greater improvement in adjustment than did the group who received play under supervision (Group B), and the no-treatment group (Group C).

The group of underachieving students who received play under supervision did not show significantly greater improvement than the no-treatment group (Group C).

These findings would give support to the partial rejection of the

first null hypothesis.

2. We may reject Null Hypothesis 2a that no movement is taking place during the process of play therapy. Findings from the checklist would indicate that over time change is taking place. However, no significant difference was found between groups as to the amount of change taking place. Therefore, Null Hypothesis 2b can be accepted that the group receiving a non-directive approach to play therapy (Group A) will not show more significant movement during the process of therapy than any of the other two groups.

3. Results tabulated from administration of the checklist would indicate that we may not reject Null Hypothesis 3 that the direction of change during the therapy process will not be more positive in direction for the group receiving a non-directive approach to play therapy (Group A) than any of the other two groups.

4. The subsidiary hypothesis that child therapy is possible without parent treatment would appear to be supported by the improvement in adjustment for the experimental group as compared to the no-treatment group.

5. The subsidiary hypothesis that changes occurring during the process of play therapy may be observed is supported by findings which reveal that over time change is taking place for the children counselled according to a non-directive approach to play therapy, as observed from the completed checklist.

CHAPTER VI

DISCUSSION AND IMPLICATIONS

Two conclusions can be drawn from the results: 1. It was found that underachieving students who were counselled according to a play therapy technique showed greater improvement in adjustment as measured by a sentence completion test than children who received play under supervision and those who received no treatment. 2. Change seemed to be occurring during the process of therapy as measured by use of a checklist. However, there was no significant difference in the amount of change taking place, nor the direction of change among the three groups. These two results may appear to contradict each other. However, a closer look at the checklist and design of the study would indicate possible inherent weaknesses.

1. The checklist, as developed by the writer, was based on a stated theoretical position. It was postulated that the process of play therapy is reminiscent of Erikson's first five stages of adjustment. This model was built into a checklist as expounded upon in Chapter II. Acceptance of this model does not necessarily imply acceptance of the checklist. It is highly possible that the checklist was not a valid instrument for measurement of the process of play therapy. One is not able to unequivocally accept this explanation when one considers other factors. Significant results were obtained when counsellors and an observer completed the checklist. However, significant results were not obtained from teacher respondents. Numerous studies have indicated that teachers have difficulty in making judgments about the mental health of children (Gulliksen, 1958).

2. Due to the few number of sessions, and the time intervals in completing the checklists, there may not have been enough time in which to exhibit the changes postulated to occur during the process of therapy.
3. Many of the teachers indicated that the checklist was difficult to complete because individual differences were not adequately controlled in the item selection. However, it must be remembered that significant results were obtained when only one observer and three counsellors completed the checklist, as compared to non-significant results when sixteen teachers completed the checklist. Statistically it would be possible for the counsellors and observer to obtain more significant results. For example, if one more observer had been used, his results may have neutralized the results obtained by the other observer. Counsellors were also aware of the groupings of each child in comparison to teachers who only knew that a child was being seen by the counsellor or he was not being seen. They were not able to differentiate the experimental child from the placebo child.
4. Many of the items in the checklist would naturally lend themselves to differentiation between children receiving therapy as compared to those not receiving therapy. For example, Item six asks the respondent to indicate whether a child over the two month period has revealed more of his feelings. It is natural that a child receiving play therapy would increase in this behavior because as his trust grows in the counsellor he expresses more feelings. Also, the experimental child was able to verbally interact with the counsellor as compared with the child who only received play with supervision. One might also hypothesize that counsellor results are significant because children often exhibit behavior to a counsellor which they do not express to their teacher or an observer.

All of these variables must be considered when discussing results. These variables suggest implications for further research. It is recommended that if this study were to be replicated, with use of the checklist, many of the above criticisms could be nullified by employing equal numbers of teachers, counsellors and observers. A large number of respondents would rule out the possibility of chance differences. At the same time, due to the large number of variables one would wish to control and the changes one would hope to see, it is recommended that a larger number of sessions be held with longer time intervals for completion of the checklist.

The significant results obtained from use of the sentence completion test by both Dorfman (1955) and the writer would indicate that further use of sentence completion tests in research would be warranted. As indicated in Chapter II the sentence completion test rated adjustment on ten individual scales. It would be worthwhile to find what adjustment scales showed the greatest improvement post therapy. At the same time, a follow-up study would indicate whether adjustment level has remained the same after a period of months.

This study has shown that play therapy is an effective technique for counselling young children. However, many other techniques have been devised for counselling young children. It is recommended that a study be carried out to show how effective play therapy is in comparison with other techniques for counselling young children.

It is also important to note that results of this study would appear to verify it is not play alone that produces effective change but play with a therapeutic relationship. It was found that the play group did not show more improvement in adjustment than the control group. This would not lend support to Axline's position (1947) that often the child

without any type of therapeutic relationship is also to show adjustment changes due to the fact that he has the privacy of the counsellor's room in which to work out his feelings. Axline has reported many cases of children showing positive adjustment change during play therapy when the child has not verbally interacted with the counsellor. Also, as stated in Chapter II, theorists would postulate that the child show show change; for in his everyday life, play is one of the means by which he learns to adapt to his environment. Therefore, only with reservation should one generalize that play alone is not therapeutic.

Acceptance of the subsidiary hypothesis that child therapy is possible without parent treatment also implies the need for further research. It is recommended that a study be made with matched groups, to determine if greater adjustment change takes place with use of play therapy without parent treatment in comparison with play therapy with parent treatment.

In this thesis, an attempt was made to quantitatively measure the process of play therapy. It was found that change was taking place and that this change could be observed. However, the difficulty arises in differentiating between individuals what is taking place. Much more research is needed to determine the process of therapy. We may look at the products of therapy in a two-fold sense. We may only wish to look at the final outcome in terms of adjustment change or we may wish to look at this outcome in terms of what changes took place during the process of therapy.

In conclusion it can be stated that complete rejection of the null hypotheses is not warranted. However, due to the nature of the results obtained and inherent problems in the design of the checklist and the study, one cannot unequivocally accept the null hypotheses.

BIBLIOGRAPHY

- Axline, V., Play Therapy. Cambridge, Massachusetts: Houghton Mifflin, Co., 1947.
- Beiser, H.R., Play Equipment for Diagnosis and Therapy, American J. of Orthopsychiatry. Vol. 25, 1955, p. 761-771.
- Bernstein, I., Uses of Play in the Treatment of Children, J. of Pediatrics. Vol. 39, 1951, p. 503-8.
- Bills, R.E., Non-Directive Play Therapy with Retarded Readers, J. of Consulting Psychology. Vol. 14, 1950, p. 140-9.
- Bills, R.E., Play Therapy with Well-Adjusted Retarded Readers, J. of Consulting Psychology. Vol. 14, 1950, p. 246-249.
- Cox, F.N., Sociometric Status and Individual Adjustment Before and After Play Therapy, J. of Abnormal and Social Psychology. Vol. 84, 1953, p. 354-356.
- Dinkmeyer, D.C., Developmental Counseling in the Elementary School, Personnel and Guidance J. Nov. 1966, p. 262-266.
- Dorfman, E., Play Therapy. Incl. in Chpt. 6 of C.R. Rogers' Client-Centred Therapy. Boston: Houghton Mifflin Co., 1951.
- Dorfman, E., Personality Outcomes of Client-Centred Child Therapy. Unpublished Doctoral Dissertation, University of Chicago, 1955.
- Dorfman, E., Personality Outcomes of Client-Centred Child Therapy, Psychological Monographs. 1958, Vol. 72, No. 3, p. 1-22.
- Eckerson, L.O., Realities Confronting Elementary School Guidance, Personnel & Guidance J. Dec. 1967, Vol. 46, No. 4, p. 350-354.
- Edwards, A.L., Statistical Methods for the Behavioral Sciences. New York, Rinehart, 1954.
- Erikson, E.H., Childhood and Society. New York, W.W. Norton, 1950.
- Eysenck, H.J., Sense and Nonsense in Psychology. Penguin Books, 1957.
- Finke, H., Changes in the Expression of Emotionalized Attitudes in Six Cases of Play Therapy. Unpublished Master's Thesis, University of Chicago, 1947.
- Fleming, L. and Snyder, W., Social and Personal Changes Following Non-Directive Group Play Therapy, American J. of Orthopsychiatry. Vol. 17, 1947, p. 101-116.
- Ford, T.R., Social Factors Affecting Academic Performance: Further Evidence, School Review. 1957, 65, p. 415-422.
- Frank, L.K., Play in Personality Development, American J. of Orthopsychiatry. Vol. 25, 1955, p. 576-590.

- Ginott, H., Group Psychotherapy with Children: The Theory and Practice of Play Therapy. McGraw-Hill Book Co. Inc., Toronto, 1961.
- Goldberg, S., Quantitative Comparison of Verbal and Graphic Expressions of Eight Personality Variables. Unpublished Master's paper, University of Chicago, 1950.
- Gulliksen, Harold, Comparatal Dispersion, A Measure of Accuracy of Judgment, Psychometrika. June, 1958. Vol. 23, No. 2, p. 137-150.
- Heimann, R.A., Schenk, Q.F., Relations of Social Class and Sex Differences to High School Achievement, School Review. 1954, 62, p. 213-221.
- Jackson, L. et Todd, K.M., Child Treatment and the Therapy of Play. Ronald Press, New York, 1950.
- Landisberg, S. et Snyder, W., Non-Directive Play Therapy, J. of Clinical Psychology. Vol. 2, 1946, p. 203-214.
- Lebo, D., The Relationship of Response Categories in Play Therapy to Chronological Age, Child Psychiatry. 1952, Vol. 2, p. 330-336.
- Lebo, D., The Present Status of Research in Non-Directive Play Therapy, J. of Consulting Psychology. Vol. 17, 1953, p. 177-183.
- Lebo, D., Quantification of the Non-Directive Play Therapy Process. J. of Genetic Psychology. 1955A, Vol. 86, p. 375-378.
- Lebo, D., The Expressive Value of Toys Recommended for Non-Directive Play Therapy, J. of Clinical Psychology. Vol. 11, 1955B, p. 144-148.
- Lebo, D., The Development of Play as a Form of Therapy: From Rousseau to Rogers, American J. of Psychiatry. Vol. 12, 1955C, p. 418-422.
- Lebo, D., Age and Suitability for Non-Directive Play Therapy. J. of Genetic Psychology. Vol. 89, 1956, p. 231-238.
- Lebo, D. et Lebo, E., Aggression and Age in Relation to Verbal Expression in Non-Directive Play Therapy, Psychological Monographs. Vol. 71, No. 20, 1957, p. 1-12.
- Lebo, D., A Formula for Selecting Toys for Non-Directive Play Therapy, J. of Genetic Psychology. 1958, Vol. 92, p. 23-34.
- Lee, D., Socio-anthropological Theory. Address given to Invitational Conference on Instruction, Milwaukee, 1965.
- Levi, A., Parent-treatment and outcome of child's therapy. Unpublished doctoral dissertation, Columbia University, 1961.
- Maier, H.W., Three Theories of Child Development. New York: Harper & Row, 1965.

- Mead, M. et Wolfenstein, M., Childhood in Contemporary Cultures. The University of Chicago Press, 1955.
- Moustakas, C.E., The Frequency and Intensity of Negative Attitudes Expressed in Play Therapy: a Comparison of Well-Adjusted and Disturbed Young Children, J. Genetic Psychology. 1955A, Vol. 86, p. 309-325.
- Moustakas, C.E., Emotional Adjustment and the Play Therapy Process, J. Genetic Psychology. 1955B, Vol. 86, p. 79-99.
- Moustakas, C.E., Psychotherapy with Children: The Living Relationship. New York: Harper & Bros., 1959.
- Piaget, J., Play, Dreams and Imitation in Childhood. London, Heinemann, 1951.
- Pickard, P.M., The Activity of Children. London, Longmans, 1965.
- Reader, N., An Investigation Into Some Personality Changes Occurring in Individuals Undergoing Client-Centred Therapy. Unpublished Doctoral Dissertation, University of Chicago, 1948.
- Rhode, A.R., Sentence Completion Test Manual. New York: Author, 1947.
- Rogers, C.R., A Process Conception of Psychotherapy, American Psychologist. Vol. 13, 1958, p. 142-149.
- Rotter, J.B. and Willerman, B. The Incomplete Sentences Test as a Method of Studying Personality. J. of Consulting Psychology. 1947, Vol. 11, p. 43-48.
- Sears, R.R., Influence of Methodological Factors on Doll Play Performance, Child Development. 1947, Vol. 18, No. 4.
- Seeman, J., A Study of the Process of Non-Directive Therapy. J. of Consulting Psychology. 1949, Vol. 13, p. 157-168.
- Shaftel, G.A., Shaftel, F.R., Role-Playing for Social Values. Englewood Cliffs, New Jersey, Prentice-Hall, 1967.
- Shor, J., Report on a Verbal Projective Technique, J. of Clinical Psychology, 1946, Vol. 2, p. 279-282.
- Thorndike, R.L., The Concept of Over- and Underachievement, Bureau of Publications. Teachers College, Columbia University, New York, 1963.
- White, R.W., Motivation Reconsidered: The Concept of Competence. Psychological Review, No. 5, 1959.
- Zingle, H.W., A Rational Therapy Approach to Counseling Underachievers. Unpublished Doctoral Dissertation, University of Alberta, 1965.

APPENDICES

APPENDIX A

Sentence Completion Test

The following is a copy
of the sentence completion test
used in this study

Write your name here _____
class _____

Here are some parts of sentences for you to finish. You add the words to make them whole sentences that make sense. Write whatever you feel like, so long as it is good English and makes a whole sentence. Remember it must make a whole sentence, and it must make sense. Work as fast as you can. Be sure to do every one.

1. At bedtime _____
2. Seeing the baby, he _____
3. My schoolwork _____
4. The future _____
5. I want to know _____
6. Our family _____
7. I feel _____
8. If only _____
9. Sometimes _____
10. Children _____
11. I suffer _____
12. Friends _____
13. I am sorry _____
14. My mother _____
15. At home _____

16. My mind _____
17. My greatest wish _____
18. The teachers _____
19. Boys _____
20. My greatest fear _____
21. I secretly _____
22. Other people _____
23. When I was little _____
24. I am very _____
25. My father _____
26. My chief worry _____
27. The happiest time _____
28. Girls _____
29. I am ashamed _____
30. When they made fun of him _____

Write below anything that seems important to you.

APPENDIX B

Checklist

The following is a copy
of the checklist
used in this study

I want to first off thank-you for your co-operation in this project. The following checklist will help to tell us how the above-named student is performing in your class. You the teacher are best able to tell us because you see the child over a long period of time. I would appreciate receiving your frank opinion of this student's behavior. Each one of the eight items requires only 1 checkmark per item. For example, for Item No. 1 you feel that the above-named student is best described as "working when told but must be prodded" (see below). However, you are not definitely certain but quite certain. Therefore, you place a checkmark as below and do the remaining seven items the same.

EXAMPLE: Item # 1									
This Category		This Category		This Category		This Category		This Category	
Uncertain	Quite Certain	Uncertain	Quite Certain	Uncertain	Quite Certain	Uncertain	Quite Certain	Uncertain	Quite Certain
Daydreams most of the time.		Works when told but must be prodded. Is unable...		Works at tasks with little help but gives up.....		Very confident. Works quickly at tasks.....			
Seldom has his mind.....									

ITEM 1

We often label children as being confident. They trust others as well as themselves. They speak out with their opinions rather than being hesitant. If criticized they quickly jump into new behavior rather than sulk. Others, however, are not as confident, they resort to fantasy by daydreaming and looking out the window. On this scale indicate the extent to which the child is confident.

This Category		This Category		This Category		This Category		This Category	
Uncertain	Quite Certain	Uncertain	Quite Certain	Uncertain	Quite Certain	Uncertain	Quite Certain	Uncertain	Quite Certain
Daydreams most of the time.		Works when told but must be prodded. Is unable to do many tasks without some word of praise or assurance. Tends to remain withdrawn. Gives up easily.		Works at tasks with little help but gives up if anything new. Speaks out on a variety of subjects but when criticized tends to withdraw.		Very confident. Works quickly at tasks without prodding. Likes to offer opinion on everyday and all events. When criticized can jump into new behavior easily.			
Seldom has his mind on his work. Seldom speaks out but is shy and withdrawn.									

ITEM 2

Children differ in the way they approach a problem. Some handle problems easily and systematically. Others are disorganized and confused. Some try to apply inappropriate solutions that have worked in unrelated problems, others have the flexibility to try new attacks on the problem. Many children cannot take change, it confuses them, whereas, others adapt to new situations easily. How does this child handle new situations?

This Category									
Uncertain	Quite Certain	Definitely							
Resorts to old methods of solving problems. Finds it difficult to change behavior without constant repetition. Change confuses him. Often gives up.			Will change after much repetition and working through of problems.			Attacks new problems with vigor but often returns to previous method or behavior. new behavior and adapt it to the situation at hand.			

ITEM 3

An important part of life is making decisions. These vary from minor, day-to-day matters such as "What will I do now or what picture will I draw?" Others are more important decisions such as deciding whether to break a rule or even to work. Children vary in their ability to make decisions. Some will find it difficult to resolve a trivial matter while others have the courage to take a stand even when considerable risk is involved. Some children want us to make all the decisions for them, including what they should play with. Where does this child stand with respect to his ability to make decisions?

This Category											
Uncertain	Quite Certain	Definitely									
Puts off making decisions. Can't make up his mind even on trivial matters. Tends to contradict himself.			Needs support in decision making. Hesitates too long even over routine decisions. Decisions may tend to upset the child.			Readily makes decisions about every day activities. Is reluctant to stick out his neck without some re-assurance on major decisions. Refers these types of decisions to me.				Utilizes all facts when arriving at decisions. Makes decisions quickly without looking to me for re-assurance. Will take a chance in making decisions when the need arises.	

ITEM 4

Some children put more of themselves into school and other activities than others do. Some children work only because they have to, they seem to be putting in time at school without an active interest in their school work. Others are more deeply interested in what they are doing. Some children will repeat over and over again an activity such as putting together a puzzle. They wish to master the situation. Others give up. Some, however, want to test their skills, their abilities, and like challenging tasks, not to relieve boredom, but for their self-esteem. On this scale indicate the extent to which this child is engrossed in his activities.

This Category									
Uncertain	Quite Certain	Definitely							
Does as little as he can get away with. Willing to let others carry him. He is just putting in time. May need prodding so as to get some action out him.			Does activities or assignments because of a sense of duty rather than from a sense of challenge. Does not really enjoy spending the time but has to so he puts some effort into it.			Takes all activities seriously. Enjoys the classroom or sessions and applies himself to being successful. Takes pride in getting something done right with little prodding.			Is enthusiastic about all activities. Wishes to find out all about himself, and is interested in what he is doing.

ITEM 5

Children differ in the extent to which they require structured situations. For some children you can give a set of instructions once and they can go ahead. Others require you to state exactly what you expect of them for the next one-half hour. Consider where this pupil stands with respect to the amount of detail he needs in order to complete a task. Can he work alone or must everything be set out for him?

This Category									
Uncertain	Quite Certain	Definitely							
Confused by vague or general instructions. Needs to have duties or assignments completely and minutely spelled out. If told to do anything he would like, he becomes confused.			Works best in a well defined situation which has few changes. Looks to me for reinforcement that what he is doing is right.			Carries out normal activities with little need for specific instruction. If forced can accomplish a great deal without specific instructions.			This student is able to handle all situations well. If given a half-hour to do anything he likes he would quickly find something. Little or no need for specific instructions.

ITEM 6

Many children at this age become very interested in what their peers or the rest of the class are doing. They seem to be more interested in socializing than doing school work. If we watch them we can see them trying to copy the behavior of certain members of their class. Others try to copy adult behavior. Some switch roles as quickly as putting on different hats. Some, however, find this difficult to act grown-up and not like a little boy or girl. When under strain or tension they go back to their childish behavior. Yet they want to try out different roles and see how well-accepted they are. On this scale indicate the extent to which the student participates in role-playing.

This Category									
Uncertain	Quite Certain	Definitely							
Remains the same, rather immature child. Prefers to not one like the other play the part of a younger child. Is happier to be dependent on us for support. May or may not fit in with the other Grade III's.			Plays a definite role but plays many roles. At one time he is very mature and at other times he is dependent on me. Often goes back to childish ways particularly when he feels tension or strain.			Tries different roles. At one time he wants to be a leader but is also willing to be a follower. Always trying out roles to see how different people will react. When criticized or not accepted he changes his behavior.			

ITEM 7

Some children we never get to know. Some appear to bottle up everything inside, whereas, others never verbalize their feelings. Some are happy and anxious to relate family experiences, whereas, others prefer to remain silent and must be coaxed to relate experiences of any sort. On this scale indicate the extent to which this student relates meaningful experiences.

This Category									
Uncertain	Quite Certain	Definitely							
I do not really know this child well. He never relates experiences which took place outside the school. I have only been able to infer his feelings from his behavior.			Once in a while he relates experiences but the majority are superficial, general experiences. He appears to want to keep his feelings to himself.			Often he relates experiences but mostly in general terms. Every so often he relates some real feelings or attitudes towards people.			
						Often verbalizes experiences and his feelings about these experiences to me or to the class. I feel that I have come to know this student and his feelings well.			

ITEM 8

Some children appear to be more aware of events than others. They are not only sensitive to factors in events which are presently occurring, but often refer to past happenings in reacting to the present. These same children also make references to the future in terms of the antecedent consequences. They seem to know what is going to happen if they don't do something. Others may not only be "here and now" oriented, but even their awareness of present factors is limited. Their experiences in terms of interacting with different types of people and seeing a variety of events is limited. On this scale indicate the extent to which this child reacts to events. Does he do work which will help him in the future or is he only interested in completing work so that he will be finished? Does he use what he learned in the past to help him with present work? Must he be always reminded of what he should have done or does he consider tomorrow?

This Category											
Uncertain	Quite Certain	Definitely									
Does everything for today and only considers what he just learned. Is doing poorly because does not seem to care about what happens. When asked to tell what he will do he answers "I don't know" and doesn't seem to care. More contented to stay as he is. Has had limited experiences outside of school.			Will try to consider the future but ends up giving up. It is much easier to use and think of what happened today or yesterday. Works mainly for today. Appears to have no interest in his future, or consider the future.			Tries to work hard and complete tasks. He tries to use all of which he learned in the past and consider to some degree the future. Is worried about what is going to happen to him in terms of passing, failing etc. However, often regresses back to old habits. More interested in present than in future.			This child has found a happy combination between past, present and future. When considering a problem will consider what he has learned before and also what will be the outcome. Works well so as to obtain good standing, however, at same time is prepared for future. Often inquires as to what will happen to him. The future he feels is bright. This type of child times himself in terms of the amount of time he has left to complete a problem or task. He is interested in knowing when he will be involved in some kind of work or activity again.		

APPENDIX C

Checklist Items

The following is an analysis
of the items in the checklist

Checklist Items

Item One: Trust vs. Mistrust is the central theme of item one in the checklist. Children must have confidence in themselves and in others before effective change can take place in therapy. Confidence is also exhibited in classroom behavior. This item forms the foundation for all other items on the checklist for confidence or trust is the basis for making decisions, being flexible and trying out new roles. This item also measures traits of autonomy, particularly where the child is required to express opinions within the counselling session and in the class. It is also postulated that the trait of initiative is involved. A child may have initiative when he tries new behavior patterns. The child who works well is often confident as well as wishing to apply himself and master skills, thus, exhibiting traits of industry.

Item Two: Item two attempts to measure the trait of flexibility. A child who is flexible learns to master new situations and, thus, exhibits behavior reminiscent of the stage of industry. The child in being flexible is learning to adapt to the environment. Many children are flexible because they are able to delve deeper into their behavior, thereby, exhibiting initiative.

Item Three: Decision making as measured in item three may be considered as autonomous behavior. The child who has reached the autonomous stage of development wishes to make decisions on his own. Also, when making decisions the child is considering the outcome which would characterize behavior found during the initiative stage.

Item Four: Motivation to do well in school and other activities exhibits behavior from many levels. Item four attempts to evaluate characteristics of the following stages:

(1) Sense of Industry: Children at this stage wish to master situations.

This behavior would be exhibited in the classroom by the child who performs tasks to see if he has the ability, and not only because they are required.

(2) Sense of Initiative: Some children work for their own self-esteem as well as apply themselves because they wish to know more about themselves.

(3) Sense of Identity: Many children in their everyday interactions will learn their abilities, capacities, as well as their deficiencies.

Acceptance or rejection of these findings is related to achieving a sense of identity.

Item Five: The child who requires structured situations, such as in counselling and in the classroom, often lacks a sense of autonomy. Item five attempts to find if the child is dependent on others. The child who is autonomous quickly learns that his behavior is his own. Consequently, he wishes to set his own limits and expectations.

Item Six: Role-playing as measured in item six, is evident in three stages of development. Throughout each of these stages role-playing has a different purpose or orientation. During the initiative stage, the child will act out roles in order to adapt to level of expectations as set by adults. During the industry stage, role-playing is synonymous with peer group interaction. The child role-plays in order to test new behavior in terms of his peer group's expectations. Acting out roles during the identity stage is a technique of learning how to adapt to the environment. Role-playing is no longer straight play, but an important method of learning how to become a valuable member of the work world. In all three stages, role-playing also serves the purpose of enhancing the

self-image.

Item Seven: The child when relating experiences on a feeling level is showing trust in the therapist or teacher as well as a wish to resolve certain conflicts. The child wishes to learn more about himself, thereby achieving a sense of identity. Only a growth-producing relationship will facilitate this expression of feelings within the school environment.

Item seven attempts to find if such a relationship has been developed.

Item Eight: Growth-producing changes lead to a synthesis of the past and the future, with particular emphasis on the future. A child with a sense of initiative no longer confines himself to his past problems but also considers the future. Item eight measures the extent of the child's future orientation.

APPENDIX D

Scoring Manual and Form

The following is a scoring manual
as devised by E. Dorfman (1955)
for scoring of the sentence completion test.
Included also is the form used for scoring
of the sentence completion test.

Sample Sentence Protocol

Write your name here

class

date

"10 and a hafe"

Here are some partial sentences for you to finish. You add the words to make them whole sentences that make sense. Write whatever you feel like, so long as it is good English and makes a whole sentence. Remember, it must make a whole sentence, and it must make sense. Work as fast as you can. Be sure to do every one. Go ahead.

1. At bedtime I go to bed with my sister.
2. Seeing the baby he was crying and wanted to go outside.
3. My schoolwork is very good.
4. The future of that man will be a good one.
5. I want to know how old that boy is.
6. Our family is going on a vacation this summer.
7. I feel very good today.
8. If only he could see the show.
9. Sometimes I cannot go to school.
10. "Children," said my father, come in.
11. I suffer every time I get sick.
12. Friends are very good to have.
13. I am sorry that I pushed that boy.
14. My mother is the best mother I think.
15. At home I always play with my brother.
16. My mind is different than yours.
17. My greatest wish is that I would have a million dollars.
18. The teachers are very nice in Bryn Mawr.
19. Boys, come on in.
20. My greatest fear is when I die.
21. I secretly wish that I will never die.
22. Other people sometimes hope they die.
23. When I was little, I had a lot of fun.
24. I am very good in gym.
25. My father is the best father in the world.
26. My chief worry is tests.
27. The happiest time is on my birthday.
28. Girls are very nice.
29. I am ashamed of that boy.
30. When they made fun of him I tried not to.

Write below anything that seems important to you.

I think school is important because I will be smart when

I grow up.

Part Two - Adjustment Rating Analysis

Adjustment Factor	Rating						
	1	2	3	4	5	6	7
1. Anxiety					✓		
2. Security			✓				
3. Dependence			✓				
4. Conflict				✓			
5. Affectivity		✓					
6. Flexibility				✓			
7. Spontaneity					✓		
8. Self-regard			✓				
9. Attitude Toward People				✓			
10. Family Attitude	✓						
Total	1	1	3	3	2	0	0

Adjustment Rating Analysis

Each of the ten adjustment characteristics is rated below in terms of the previously suggested test criteria, as well as other cues found in the protocol. For convenience, the test factors have been grouped into two contrasted lists of positive ("good") and negative ("poor") indications.

1. Anxiety

Positive -- These are factors which lower the Anxiety rating, i.e., indicate absence of anxiety.

1. There is a general absence of dysphoric content (no reference to violence or disaster).

2. The allusion to the future (item 4) is optimistic. Similarly, the statement at the end of the test reflects confidence in the future.

3. There are no omissions, showing an absence of blocking.

4. There is only one erasure (13).

5. There are no references to supernatural forces or events.

6. The distribution of Attitude scores is 18 Positive, 11 Negative, 1 Neutral. Thus, the Positive items are clearly dominant.

7. There are no references to punishments.

8. No statements of confusion or doubt are found.

Negative -- These are factors which tend to indicate anxiety.

1. There is preoccupation with death (20, 21, 22). It is also here that perseveration appears.

2. While there is only one allusion to guilt, it is there that the erasure occurs (13), raising the question of the degree of concern about showing "badness".

3. Despite satisfactory intellectual performance (3), there is anxiety about tests (26).

Evaluation - The number of references to death would ordinarily be a serious negative indicator. In this record, however, anxiety appears confined to the two areas of death and intellectual performance. Guilt seems low, and the general tenor of the record is positive. In view of these factors, the Anxiety rating assigned is "5" (inferior or somewhat below-average, on the 7-point scale). The rating is then entered in the appropriate space on the Record Form.

2. Security

Positive - The following factors point to a feeling of security.

1. Concern about the mechanics of social interaction is absent.
2. There are no references to physical clumsiness or awkward performance.
3. There is no apparent concern with evaluations of others toward oneself.
4. Social interaction is solicited (19).
5. Handwriting shows firm pressure on the pencil, indicating absence of marked timidity in the test performance.
6. A sense of well-being is shown (7).

Negative - Insecurity may be seen in these test characteristics.

1. Desire for wealth (17) may signify yearning for love or approval. This is made more likely by (27), since birthdays involve receipt of gifts, a further mark of esteem.
2. There is a "nicey-nice" quality to the record (18, 28). Of the eleven Negative completions, one only (27) is an overt critical statement about another person. The others are concerned with frustration, illness, and the like. This may point to difficulty in expression of disapproval, as a function of fear of alienating others.

Evaluation - The positive factors clearly outweigh the negative.

The record is therefore assigned a Security rating of "3" (Good or somewhat above-average).

3. Dependence

Positive - These test characteristics signify independence.

1. There is no stated concern about correctness of response on the Sentences Completion Test.
2. Positive assertion of individuality (16) is made.
3. There are no mentions of need for help to cope with situations.
4. There are no references to carrying out orders.
5. There is no clear preference for spectator types of recreation (6, 8, 15, 24).
6. There is no apparent reluctance to grow up (23, 27, and the statement at the end of the test).

Negative - These test factors point to dependence.

1. Rebellious statements are not made (1, 18) although they might be expected in the record of a ten and a half year old boy.
2. There are three references to frustrations (2, 8, 9) in which there is no action to change the situation.

Evaluation - The independence of this record is seen more in absence of dependency statements than in positive assertions. Since, however, the dependency indicators remain subordinate, the rating assigned is "3" (Good or somewhat above-average).

4. Conflict

Positive - These test characteristics point to a low conflict level.

1. Response to particular persons is consistent, e.g., attitudes to the father (10, 25).

2. Only one change or erasure is present (13).

3. There are no statements of contradictory personal goals.

4. There are no type three conflicts. (Completions 2 and 8 involve situations of thwarting of a positive desire by a barrier, thus making them type two conflicts. Completion 9 is ambiguous, for it is uncertain whether there is a desire to go to school.)

5. There is no evidence of parent-child disagreement over goals for the child.

Negative - There are factors which point to the presence of conflict.

1. There is evidence of desire to act out aggressive impulses which is either curbed by conscience (30) or punished by it later (13).

2. The total number of items involving conflict (2, 8, 13, 30, and possibly 9) is 4 or 5 of 30 possible instances.

Evaluation - There is no evidence of disabling kinds of conflicts, nor of any that would not be expected in a boy of this age. Hence a rating of "4" (Fair or average) is assigned.

5. Affectivity

Positive - These test characteristics are indicative of satisfactory affective functioning.

1. Nearly every completion contains an expression of affect (29 of 30). Only one completion is Neutral.

2. These attitudes are distributed over 8 of the possible 12 theme categories, when only primary (scored) themes are considered.

3. When both primary and all other themes are considered, 10 of 12 possible content categories are employed for the expression of attitudes.

4. There are 12 completions (4, 6, 8, 9, 10, 11, 13, 15, 16, 20, 21, 22) involving plural themes, which are also expressions of attitude.

Thus, there is no particular tendency for the presence of affect to restrict productivity.

5. There are no omissions.

6. Positive, Negative, and Neutral completions involve about the same number of words. Their respective averages are 4.9, 5.0, and 7.0 (one response only) while the grand average for all completions is 5.0 words. This is further evidence that affective stimuli do not lower productivity.

7. There is evident variability in the length of completions falling within the Positive and Negative attitude categories. Positive completions contain from 3 to 8 words, with a range of 5 words. Negative responses have from 2 to 7 words, with a range of 5. There is of course no range for the Neutral classification, since only one such item exists. Thus, attitudinal response of a given type is not rigidly characterized by a set amount of output.

8. There is variety in the content scoring categories employed in both Positive and Negative completions. For primary or scored themes the Positive responses involve 7 content categories, while the Negative items cover 5 categories. Thus, there is a slightly wider spread for positive affects.

Negative - These are test indications of inadequate emotional functioning.

1. There is no reference to animals.

Evaluation - Affect is distributed over considerable variety of experiences, and is primarily positive. There is no evidence of disorganizing outbursts. Hence the protocol is rated "2", (Superior or very good) for this factor.

6. Flexibility

Positive - These factors signify flexibility.

1. Considering both primary and other (unscored) themes, the only two content categories not employed are Animals and Miscellaneous.

2. Completion length is varied, ranging from 2 to 8 words, with a range of 6 and an average of 5.

3. There are no omissions.

4. There are no completions which merely redefine the stem.

5. Past, present and future tenses are employed.

6. Both active and passive verbs are present.

7. There is an instance of inverted sentence order (10).

Negative - These characteristics are in the direction of inflexibility.

1. Perseveration exists (20, 21, 22).

2. There are no specific indications of changed attitudes or behaviors.

Evaluation - While the positive indices are numerically greater, the negative factor of perseveration is important enough to remove the case from the "good" end of the scale. A rating of "4" (Fair or average) is therefore assigned.

7. Spontaneity

Positive - The following factors point to spontaneous functioning.

1. Dialogue is employed twice (10, 19).

2. There are only three instances of categorization in time and space (9, 11, 18). (Item 27 is excluded because of the prejudicial character of the stem.)

3. Superlative description appears (25).

4. Reference is made to a future event (6), in a completion other than that for item 4.

5. There is pleasurable mention of active sports (24).

Negative - These test characteristics point to low spontaneity.

1. Passive verbs predominate slightly. Of 27 completions containing verbs, 52 per cent are passive.

2. Sentences are rigidly punctuated by a period after every one.

3. Departures from the stem are absent.

4. There are no run-together sentences.

5. There is no evidence of a sense of humor.

6. There is a slight tendency to respond to terms of cultural cliches (18, 28).

7. There are no particularly original completions.

Evaluation - The negative indicators predominate, although positive evidence of spontaneity is also present. The rating assigned is "5" (Inferior or somewhat below-average).

8. Self-regard

Positive - These test factors are in the direction of adequate self-regard.

1. Of the 14 stems containing no mention of "I" or "my", 5 or 36 per cent have some form of self reference in the completion (1, 9, 15, 27, 30). Thus, there is sufficient self interest to interject oneself, but not to the exclusion of other interests.

2. Of 15 completions containing some form of self reference, 8 are positively toned (3, 7, 15, 16, 23, 24, 27, 30); 6 are negatively toned (9, 11, 13, 17, 20, 21); and one is neutral (1). Thus there is

a slight predominance of positive completions.

3. Intellectual performance is perceived as satisfactory (3) in an area considered important (statement at end of test) and taxing (9, 26).

4. Physical prowess is mentioned (24).

5. There is indication of acceptance of sex role. Male playmates are desired (15, 19), while there is no apparent hostility to females (1, 18, 28).

6. There is no evidence of a wish to be someone else, or to be more like other people.

7. Instances of self praise (3, 24) are not excessively boastful, since there is no denial of similar merit in others (16).

8. The one instance of regret (13) involves an action, rather than a trait, of the respondent. Thus, while he may feel shame for a specific behavior, it does not generalize to include himself as an entire person.

Negative - These test characteristics point to poor self-regard.

1. The child feels himself to be at the mercy of illness (11) and death (20).

2. Desire for a million dollars (17) may be compensatory for a felt personal inadequacy.

Evaluation - The child appears basically satisfied to be himself, despite anxieties. The protocol is rated "3" (Good or somewhat above-average).

9. Attitude toward people

Positive - These test qualities are in the direction of approval and acceptance of people (non-family members).

1. Of the 22 stems containing no mention of people other than self or family members, 5 or 23 per cent have some form of reference to others in the completion (4, 5, 8, 13, 29). Thus, there is sufficient interest in others to interject them.

2. Of 12 completions containing some form of reference to others, 7 are positively toned (4, 5, 10, 12, 18, 19, 28), and 5 are negatively toned (2, 8, 13, 22, 29). Thus there is a slight predominance of positive completions.

3. There are no affectless references to others.

4. There are no statements of preference for being alone or of indifference to people.

5. There is a positive interest in others (4, 5) as well as sympathy for an underdog (30).

6. Pleasurable interaction with others is reported (12, 19).

7. There is no particular tendency to stress hierarchical aspects of peer relationships (8, 12, 19, 28, 29, 30) with the possible exception of an inquiry about age (5).

Negative - These factors point to disapproval, lack of acceptance, or otherwise poor attitudes toward people.

1. There is lack of variety in the human beings introduced. Of the 5 introduced references to others, 4 are to an unidentified boy (5, 8, 13, 29) and 1 is to an unidentified man (4).

2. Among the 12 completions containing some reference to non-family members, there is not a single naming of an individual. Six refer to unidentified boys (2, 5, 8, 13, 19, 29); 3 mention otherwise unspecified children or adults (10, 12, 22); one refers to girls as a group (28); one describes teachers as a group (18); one mentions an

unidentified man. Thus, there seems to be a tendency to deal in a rather general or distant way with persons outside the family.

3. Hostility toward boys (13, 29) is not accompanied by any criticism of females. We should expect a reverse trend in a boy of this age.

4. A wish for death is attributed to others (22) in marked contrast to the subject's own feelings about his personal fate (20, 21).

Evaluation - More positive than negative factors are present. Reaction to non-family members is insufficiently individualized or personal, although the general attitude is accepting. A rating of "4" (Fair or average) is assigned.

10. Family attitude

Positive - These characteristics point to acceptance and approval of the family.

1. Of 26 stems containing no mention of the family, 3 or 12 per cent have some form of family reference in the completion. Two of these are positively toned (10, 15) and 1 is neutral (1). Thus, there is sufficient family interest to interject it, and this interest is primarily positive.

2. Six completions allude in some way to the family or its members. Five are positive and 1 is neutral. Thus, the positive responses clearly dominate.

3. There is enthusiastic approval of both parents (14, 25).

4. Siblings are not objects of hostility (1, 15).

5. There is no expression of preference for some other family.

6. There is no statement of punishment or disgrace at home.

7. Family recreation is mentioned (6).

Negative - These are test factors pointing to poor family attitude.

There are no responses indicating discontent with family life.

Evaluation - Since there are no negative indicators, while positive attitudes are clearly expressed, the protocol is rated "1" (Best or excellent) for this factor.

RATER _____

NAME _____

SCHOOL _____

Adjustment Rating Analysis

Adjustment Factor	Rating						
	1	2	3	4	5	6	7
1. Anxiety							
2. Security							
3. Dependence							
4. Conflict							
5. Affectivity							
6. Flexibility							
7. Spontaneity							
8. Self-regard							
9. Attitude to- ward People							
10. Family Atti- tude							
TOTAL							

APPENDIX E

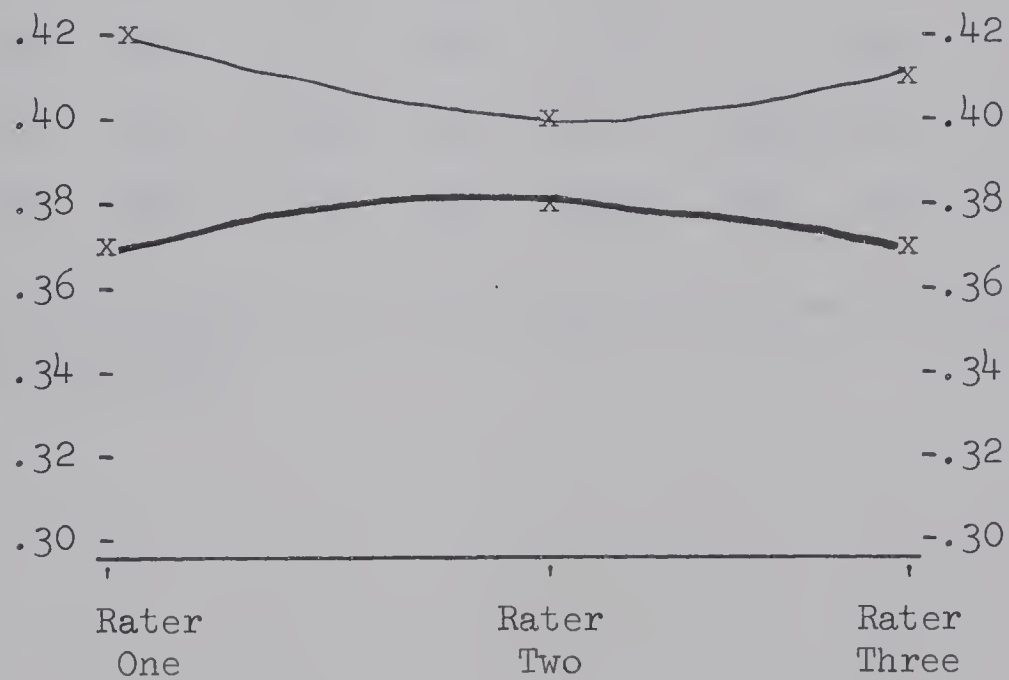
TABLE XII

MEANS OF RATER SCORES BETWEEN UNDER-ACHIEVING AND
AVERAGE ACHIEVING CHILDREN ON THE SENTENCE COMPLETION TEST

RATER	1	2	3
Under-achievers	.421	.400	.412
Average achievers	.368	.379	.370

FIGURE II

MEANS OF RATER SCORES BETWEEN UNDER-ACHIEVING AND
AVERAGE ACHIEVING CHILDREN ON THE SENTENCE COMPLETION TEST



APPENDIX F

TABLE XIII

SUMMARY OF ANALYSIS OF VARIANCE OF THE DIFFERENCES ON
CERTAINTY OF CHANGE DURING THE PROCESS OF PLAY THERAPY
AS RESPONDED BY TEACHERS, COUNSELLORS, AND AN OBSERVER

ITEM	BETWEEN GROUPS			BETWEEN TIMES			INTERACTION BETWEEN GROUPS AND TIMES		
	Teach.	Couns.	Observ.	Teach.	Couns.	Observ.	Teach.	Couns.	Observ.
1	.76	.08*	.30	.26	.05*	.09*	.88	.98	.16
2	.28	.10	.30	.27	.02*	.43	.66	.58	.52
3	.89	.22	.23	.46	.34	.05*	.21	.68	.60
4	.88	.36	.95	.14	.005*	.24	.76	.51	.63
5	.65	.16	.75	.40	.24	.16	.87	.61	.92
6	.92	.24	.58	.42	.004*	.17	.27	.80	.96
7	.20	.22	.55	.79	.29	.0001*	.26	.44	.75
8	.82	.05*	.79	.26	.03*	.05*	.19	.32	.70

* Significant p at $\leq .09$

APPENDIX G

TABLE XIV

SUMMARY OF ANALYSIS OF VARIANCE OF THE DIFFERENCES ON
CHANGE OF CATEGORY DURING THE PROCESS OF PLAY THERAPY
AS RESPONDED BY TEACHERS, COUNSELLORS, AND AN OBSERVER

ITEM	BETWEEN GROUPS			BETWEEN TIMES			INTERACTION BETWEEN GROUPS AND TIMES		
	Teach.	Couns.	Observ.	Teach.	Couns.	Observ.	Teach.	Couns.	Observ.
1	.62	.69	.44	.47	.52	.03*	.70	.17	.81
2	.66	.94	.34	.85	.43	.01*	.40	.36	.79
3	.55	.91	.61	.44	.05*	.32	.83	.19	.82
4	.88	.87	.29	.57	.97	.07*	.19	.80	.25
5	.94	.90	.82	.66	.30	.02*	.53	.67	.62
6	.45	.18	.18	.55	.79	.005*	.74	.02*	.86
7	.51	.01*	.62	.05*	.14	.39	.26	.16	.35
8	.88	.62	.63	.03*	.05*	.16	.28	.67	.99

* Significant p at $\leq .05$

APPENDIX H

TABLE XV

SUMMARY OF ANALYSIS OF VARIANCE OF THE DIFFERENCES ON
UPWARD MOBILITY DURING THE PROCESS OF PLAY THERAPY AS
RESPONDED BY TEACHERS, COUNSELLORS AND AN OBSERVER

ITEM	BETWEEN GROUPS			BETWEEN TIMES			INTERACTION BETWEEN GROUPS AND TIMES		
	Teach.	Couns.	Observ.	Teach.	Couns.	Observ.	Teach.	Couns.	Observ.
1	.66	.44	.48	.28	.20	.01*	.46	.19	.69
2	.82	.75	.37	.63	.12	.001*	.42	.47	.64
3	.65	.68	.71	.24	.02*	.13	.94	.18	.88
4	.80	.98	.21	.68	.51	.02*	.21	.59	.32
5	.99	.64	.85	.86	.18	.01*	.69	.59	.59
6	.41	.13	.11	.64	.86	.002*	.48	.04*	.86
7	.54	.01*	.57	.04*	.11	.02*	.32	.31	.18
8	.86	.39	.55	.08*	.02*	.02*	.07*	.58	.99

*Significant p at $\leq .08$

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